

Missouri Child and Family Services Review Statewide Assessment



May, 2010

As of May 12, 2010

Statewide Assessment Instrument

Section I – General Information

Name of State Agency	
<p>State of Missouri Department of Social Services Children’s Division</p>	
Period Under Review	
Onsite Review Sample Period:	Foster Care: April 1, 2009 to September 30, 2009 In-Home: April 1, 2009 to November 30, 2009
Period of AFCARS Data:	2008AB, Oct. 1, 2007 to Sept. 30, 2008
Period of NCANDS Data:	October 1, 2007 to Sept 30, 2008
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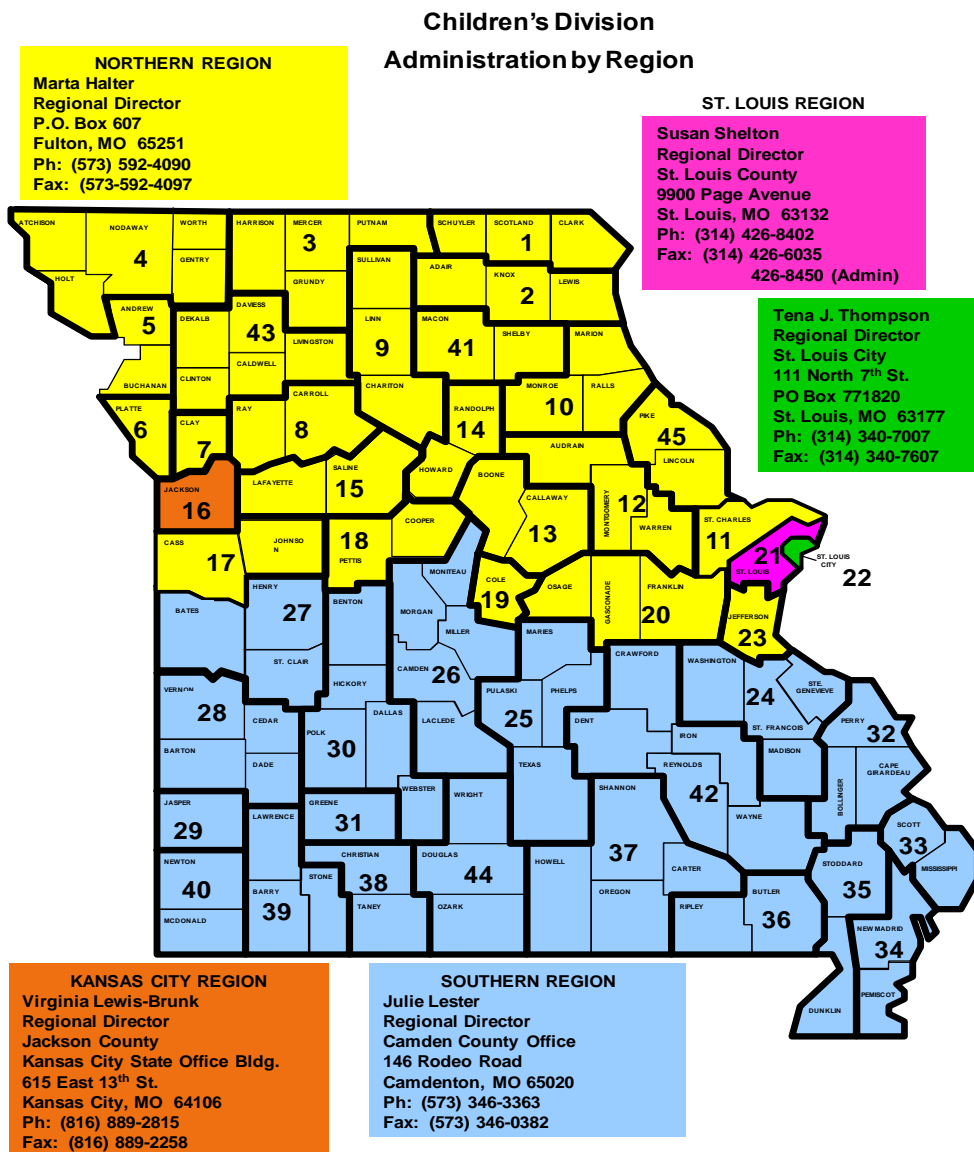
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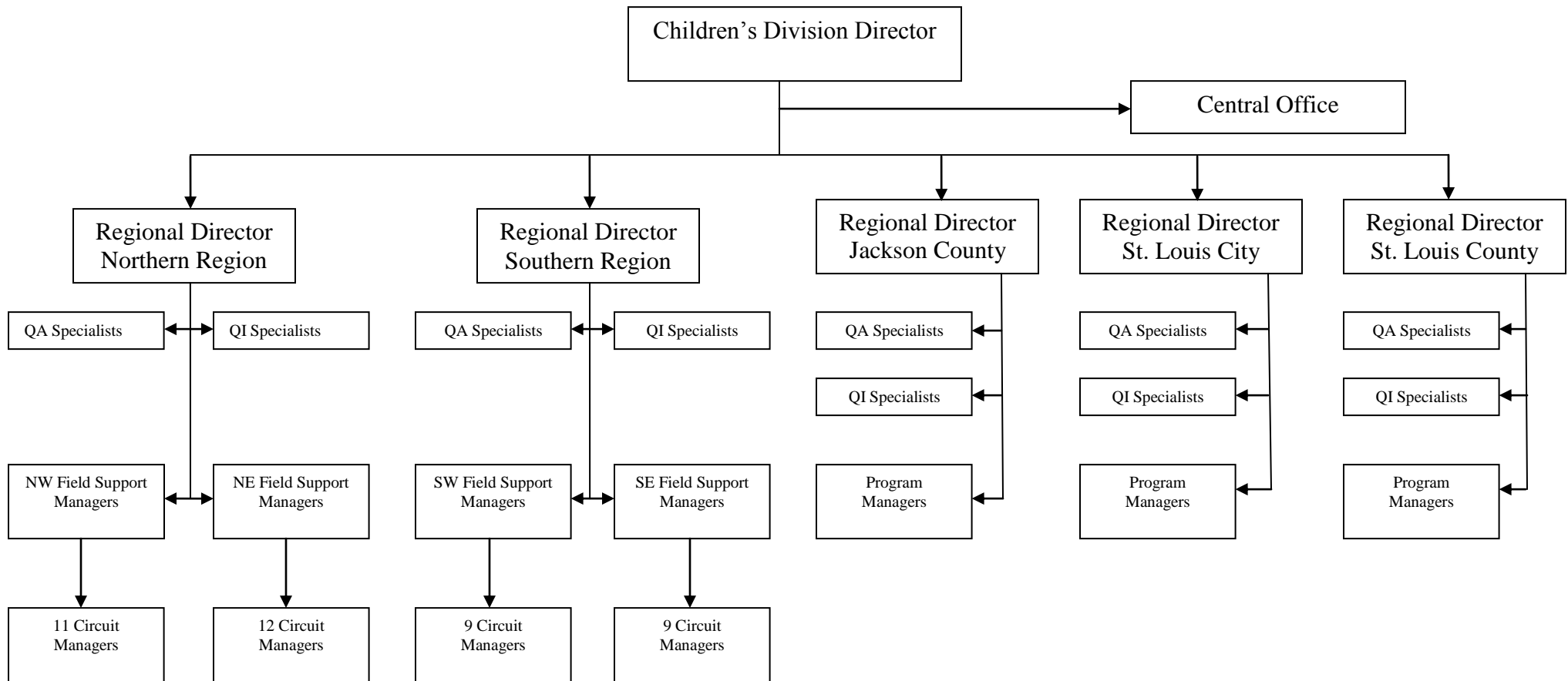
Section I General Information

Agency Structure

The Children’s Division (the Division) serves as the state-administered child welfare agency, under the Department of Social Services. Missouri has 114 counties and the City of St. Louis which are grouped together using pre-established judicial circuit boundaries. Each circuit has oversight by a Circuit Manager. The circuits are divided into five regions with each governed by a Regional Director. In the urban areas, the Regional Director holds the Circuit Manager's position. Missouri's five regions are: St. Louis City, St. Louis County, Jackson County, Southern Region (East and West) and the Northern Region (East and West). Missouri’s structure is illustrated below.

This chart illustrates the Division’s field organization structure.





Children’s Division Mission and Principles

The Division’s mission is supported by six guiding principles key to our work with children and families. Initiatives taken and processes in place such as the Program Improvement Plan (PIP), Accreditation through the Council on Accreditation (COA), and Quality Assurance and Quality Improvement activities are embodied by the Division’s mission and principles and designed to achieve improved outcomes for children and families.

Mission Statement

The mission of the Children’s Division is to partner with families, communities and government to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri’s children.

Guiding Principles

Partnership: Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

Practice: The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

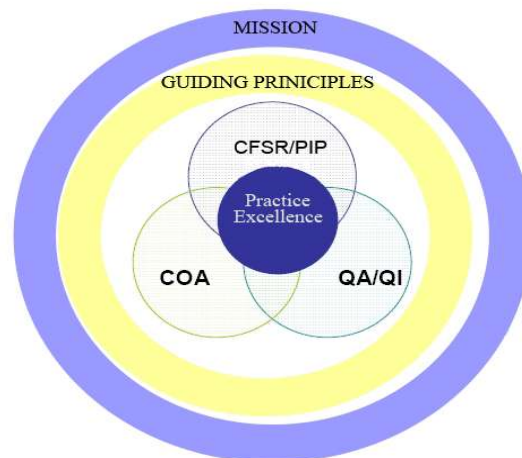
Prevention: Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

Protection: Children have a right to be safe and live free from abuse and neglect.

Permanency: Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

Professionalism: Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Guiding principles provide structure and meaning to our overall vision and mission. Currently, there are many broad initiatives occurring which overlap but relate to other programs and create an organizational culture in which positive change can happen. This diagram conceptually illustrates how standards, benchmarks and data influence practice improvements and yet are supported by our overall mission and guiding principles. Missouri has experienced many changes since the first CFSR and welcomes opportunities to improve and grow in the future.



Accreditation

According to Section 210.113 RSMo (HB 1453), it is the intent and goal of the General Assembly to have the Department (Children’s Division) attain accreditation by COA within five years (FY05-FY09) of the effective date of this section (i.e. by August 28, 2009). To achieve

accreditation, Missouri's child welfare system was reviewed and measured against over 800 nationally-recognized standards of best practice.

Accreditation standards address the Division's policies, procedures, programs, and practices as they relate to all aspects of the organization.

COA service standards promote safety, stability, permanency, and well-being of children, and they encompass: screenings; assessments; service planning and monitoring; child placement; development and maintenance of connections; services for parents, children, and youth (including support for educational activities); physical and mental health care; worker contact and monitoring; transition to independent living; case closing; aftercare and follow-up; recruitment and retention of foster families; home studies; and respite care.

The Children's Division is organized within the state's 45 judicial circuits. While all circuits simultaneously aimed to meet standards of best practice, accreditation was achieved circuit by circuit over five years. On November 13, 2009, Missouri's child welfare system, as a whole, was deemed to be a COA-accredited agency.

To attain and maintain accreditation, the Children's Division must embrace and promote a culture change and commit to excellence within a system built around a philosophy and management technique of continuous quality improvement.

Primary Data Sources

The statewide assessment provides data from a variety of sources, which the Division and the Department produce. Additionally, the Division used data from external partners such as Office of State Courts Administrators and the Children's Bureau.

Since the CFSR first round Missouri has developed a new statewide automated child welfare information system, known as the Family and Children's Electronic Services (FACES) system. The FACES system is the primary source of information for the AFCARS, NCANDS, annual and quarterly reports. After moving from the Legacy system, data was unavailable or inaccurate due to conversion issues. In addition, the conversion issues required data re-mapping and creation of new data tables. As of March 2010, all internal reports are current, however, mapping and data clean-up efforts continue. In the statewide assessment instructions, pg. 9, there is a requirement to include trends or notable changes in the data over the past 3 years. Due to conversion, it is in Missouri's best interest to use five years of data, whenever possible, to cover the conversion period which provides a before and after picture and allows the state to identify trends while detecting conversion issues. Throughout this report, data sources include the following:

- *Children's Services Annual Report*—This report is produced every state fiscal year and contains information for several program areas; child abuse and neglect, family-centered services, out-of-home care and intensive in-home services (family preservation). It should be noted that the production of this report was delayed during 2007, 2008 and 2009 due to data integrity issues following conversion and was only recently published for those years.

- *Children’s Division Child Welfare Outcomes Report*—This report is produced on a quarterly basis and consists of 20 outcome measures, including the six proxy data indicators from the first CFSR. This report was the primary means for monitoring progress for the Program Improvement Plan following round one. It should be noted that the production of this report was delayed during 2007, 2008 and 2009 due to data integrity issues following conversion and was only recently published for those years in early 2010. See also Item 31 for additional information.
- *Missouri’s Child and Family Services Review Data Profile*—This profile was produced on January 29, 2010 following our AFCARS re-submission for 2007a and b, 2008a and b and 2009a and b.
- *Foster Care Monthly Lists*—At the end of every month an electronic list of foster care cases is provided to the Quality Assurance Unit for distribution. The list includes the case manager county, name of child, age of child, race, sex, worker and supervisor names, number of months in care, resource provider information, last PPRT date, last court date, removal reason, number of placements, placement reason, and more. See also Item 31 for additional information.
- *Family-Centered Services Monthly List*—At the end of every month an electronic list of FCS cases is provided to the Quality Assurance Unit for distribution. The list includes the case manager name, case manager county, head of household name, open date, number of children in the home, etc. See also Item 31 for additional information.
- *Supervisor Case Reviews*—A randomly selected list is distributed each month to the supervisor to perform case reviews. CA/N reports, in-home FCS and foster care cases are included. The case review tool, CD-58, is electronic and automatically calculates a strength or an area needing improvement. The domains and the questions mirror the federal OSRI. The process began mid-2006 and reviewed 6,818 records, in CY07 reviewed 14,400 cases, in CY08 reviewed 14,536 cases, and in CY09 reviewed 16,379 cases. See also Item 31 for additional information.
- *Peer Record Reviews*—A randomly selected list is distributed quarterly and peers review other peers’ cases. IIS cases, CA/N reports, in-home FCS, foster care adoption and resource home cases are included. There are approximately 1,500 cases reviewed each year. See also item 31 for additional information.
- *Surveys*—A randomly selected group of consumers are sent surveys on a continual basis. Various survey questionnaires for a specific consumer population, i.e., youth in foster care, foster parents, birth parents, etc. are used. The surveys are sent to families receiving IIS services, families receiving family-centered services, parents involved in an investigation or assessment, youth in foster care, adoptive parents, foster parents and relative providers. Once a survey is sent, the consumer is excluded from future surveys for 365 days. See also Item 31 for additional information.
- *JIS - Justice Information System*—This system is overseen by the Office of State Courts Administrators and captures information such as timely court hearings, reason for court delays and the number of child custody petitions. See also item 31 for additional information.
- *CFSR Mock Case Reviews*—Six sites participated in the mock site reviews, including Circuits 16, 19, 21, 22, 31 and 35. A modified tool and database, similar to what is used in the CFSR, were created and the federal process was replicated. In this document the

CFSR case review results will be the tabulations of all circuit reviews. The reviews began in May 2009 and continued through February 2010.

- *Survey of Organizational Excellence*—In May of each year, from 2002 to 2008, every employee in the Division had opportunity to complete a survey regarding working conditions and job satisfaction. The survey was not administered in 2009 as the Department streamlined the survey for all divisions resulting in a missed year. The results are shared with staff throughout the organization and used to assist management in making changes to improve the organization. See also Item 31 for additional information.

Unfortunately, due to data integrity issues and other barriers discussed later, the Division has not had composites for the CFSR measures up to this point and has used those alternate reports as noted above for monitoring progress since round one and for development of the statewide assessment.

Primary Statewide Assessment Barriers

Significant changes in state leadership have occurred since Round One. In October 2008, the Children's Division (CD) Director took leave from the position. During the vacancy of the Division Director, a Deputy Director was designated as an Interim Director. However, in January 2009, all three Deputy Director's for the division, including the Interim Director, retired and a new Department of Social Services Director was appointed. The Designated Principal Assistant to the CD Director was then designated as Interim CD Director until April 1, 2009. At that time, the previous Director who had taken leave in October 2008, returned to the Children's Division. Shortly thereafter the Deputy Director positions were filled with managers from within the division. These changes in administration stalled movement toward program advancements for a time, and some institutional knowledge lost with the retirement of the previous Deputy Directors. However, the return of the Director has helped the Division advance and move forward on new practice approaches, including development of a framework for safety approach to enhance safety assessment and planning, a racial equity in child welfare initiative, advancement of promising practices to reduce repeat maltreatment and accomplishment of the goal of statewide accreditation through the Council on Accreditation. All of these items are discussed throughout the statewide assessment.

Conversion from Legacy to the FACES (SACWIS compliant) electronic information system has posed significant challenges. FACES has been phased in since Round One CFSR, with the final stage of Resources and Financials (including foster licensing) nearing completion. Staff struggled with transitioning from an information system which housed data to using a case management system process. A learning curve and some resistance have resulted in missing or incorrect data, or timely data entry, and continuous data clean-up efforts have been necessary. In addition to the conversion activities, the data warehouse tables needed by the Research and Evaluation Unit to create annual, quarterly and monthly reports required re-mapping, syntax re-configurations and testing. This delay created a data void for staff for a considerable length of time, and the inability to produce reports and monitor trends from FACES data until early 2010. In addition, Missouri underwent an AFCARS review in March 2009 which required mapping changes for the state's AFCARS submissions, resulting in resubmissions in January 2010 of data for 2007, 2008 and 2009 AFCARS periods, which further complicated the ability to develop composites up to now from AFCARS files.

In an effort to prepare for the Child and Family Services Review, a timeline was produced mapping out 24 months of high level activities and sent to all staff. In addition to the timeline, one required activity involved each circuit to complete a readiness assessment. The assessment was intended to provide an opportunity to learn more about the capacity and practice of each circuit and its causal relationship to statewide performance. During the readiness assessment process, there was an emphasis on stakeholder participation, particularly the courts and youth. Memo [CD08-38](#) explained the need for community involvement as most families involved with the Division need supports and services beyond what the Division can provide. Thus, families are better served by developing and sustaining community partnerships, where the relevant stakeholders believes it has a meaningful role in keeping children safe. One important element of the readiness assessment was the encouragement to use data as a method to monitor progress. However, **no composites, annual reports, trend reports or outcome measures** were produced during the preparation of the readiness assessment due to the conversion to FACES as noted previously. In addition to lack of data, the inexperience of some staff contributed to inability to identify practice issues (challenges) which made the development of a local program improvement plan difficult. The purpose of the statewide readiness assessments was to inform the statewide assessment. With the many challenges provided above, the process was less than successful, thus statewide assessment originated mostly from roundtable discussions, focus groups and surveys.

In an effort to prepare for the statewide assessment, Missouri conducted six mock site reviews from May 2009 to February 2010. This mock review consisted of randomly selected 75 cases from Circuits 19 (Cole County), 31 (Greene), 21 (St. Louis County), 22 (St. Louis City), 16 (Kansas City) and the 35th (Stoddard and Dunklin Counties). There was an overarching theme identified throughout the reviews, lack of documentation, which will be addressed in Missouri's Program Improvement Plan. Lack of documentation created some difficulty in ascertaining the *quality* of case planning, *quality* of visits between worker and parents, the level of involvement by other parties in case goal setting, reasons for placement changes and thorough documentation of diligent searches. The conversion to the FACES has partly attributed to this absent documentation as there seems be confusion where such documentation needs to be entered.

Missouri Child Fatalities

As of August 2000, Missouri Statute requires coroners and medical examiners to report all child deaths to Child Abuse and Neglect Hotline Unit (CANHU). This is a strength for Missouri and ensures the ability to comprehensively track and investigate child deaths. All deaths regardless of cause are sent by CANHU to the State Technical Assistance Team (STAT) who provides oversight for the child fatality review panel process in Missouri and this oversight process is discussed later in this section. However, if allegations of child abuse or neglect are involved in the death, the report is accepted and sent to the local office for further investigation. If the completed investigation shows evidence of child abuse and neglect based on a preponderance of evidence standard of proof, the report is classified as child abuse and neglect fatality and the perpetrator's information is retained in the central registry.

Child Abuse/Neglect related deaths during 2005-2009 consisted of the following (source: Children's Division Annual Child Abuse/Neglect Reports):

2005: 32 children (16 males, 16 females); 78% White, 22% Black; 81% were under age six
Categories of Abuse included 84% physical abuse, 63% neglect, 22% medical neglect, 13% emotional maltreatment and 3% sexual abuse (some children experienced multiple categories).

2006: 27 children (18 males, 9 females); 70% White, 30% Black; 81% were under age six
Categories of Abuse included 75% physical abuse, 63% neglect, 6% medical neglect, 3% emotional maltreatment and 3% sexual abuse (some children experienced multiple categories).

2007: 46 children (30 males, 16 females); 74% White, 22% Black, 2% Asian, 2% Multi-racial;
78% were under age six
Categories of Abuse included 87% physical abuse, 57% neglect, 7% emotional maltreatment, 2% medical neglect and 2% sexual abuse (some children experienced multiple categories).

2008: 30 children (16 males, 14 females); 53% White, 33% Black, 3% Native American, 3% Multi-racial, 7% race unknown; 83% were under age six
Categories of Abuse included 90% physical abuse, 50% neglect, 37% emotional maltreatment and 7% medical neglect (some children experienced multiple categories).

2009: 33 children (14 males, 19 females); 67% White, 30% Black, 3% Asian; 94% were under age six
Categories of Abuse included 82% physical abuse, 49% neglect and 6% sexual abuse (some children experienced multiple categories).

Missouri's rates are typically comparable to national averages for race, age and cause. Infants continue to be the single highest children dying from abuse and neglect annually in Missouri.

Missouri legislation additionally requires every county in our state, including the City of St. Louis, to establish a multidisciplinary panel to examine the deaths of all children under the age of 18. If the death meets specific criteria, or if requested by the coroner/medical examiner, the case is referred to the county's multidisciplinary panel Child and Family Review Panel (CFRP). See the Agency Responsiveness to Community section for more details regarding the CFRP. Of all child deaths annually, approximately one-third merit a review by the CFRP. To come under the review, the cause of the child's death must be unclear, unexplained, or of a suspicious circumstance. All sudden, unexplained deaths of infants one week to one year of age also require a review. In 2008, 1077 children under age 17 died in Missouri. Of those deaths 472 were reviewed by the CFRP. In 2007, 1065 children under age 17 died and of those deaths, 466 were reviewed by the CFRP. In 2006, 1001 children under age 17 died and of those deaths, 427 were reviewed by the CFRP. Findings from the CFRP are included in the [Missouri Child Fatality Review Program Annual Reports](#). The Annual Fatality report also provides descriptions of preventative measures instituted and supported by data received from the CFRP boards. These measures included but are not limited to the safe sleep media education campaign, advocate work with the Consumer Product Safety Commission, and partnering with community safe projects addressing fire safety and car accidents involving children. Local fatality panels use different criteria (subjective used by local panels vs. preponderance of evidence standard of proof used by the Division) for categorizing causes of death, therefore, statistics between the two

entities are not always equal. However, the Division and the State Technical Assistance Team share information and work together toward the common goal of prevention.

Case Law and Statutes Impacting Practice Since Round One

Statutory Changes

Due to a tragic death of a child dying in foster care, the Missouri legislature passed the Dominic James Memorial Foster Care Reform Act of 2004 (H.B. 1453) which overhauled the statutory hotline scheme for child protection into a two-tract system of family assessment or investigation based on structured decision-making. This Act also impacted the division's ability to place a person's name on the Central Registry by raising the standard of evidence for a determination that a perpetrator abused or neglected a child from probable cause to the higher standard of preponderance of the evidence.

In addition, this Act affected the foster care system by requiring more care in child placement selection based on relative preference for placement and screenings based on fingerprinted criminal background checks for relatives and licensed foster care placement providers in addition to name-based criminal and CA/N checks. Placements were also limited by statutes where the provider or another in the home had certain felony criminal convictions, mostly sex offenses. This Act also required training and standards for foster parents. Mandatory timeframes for court hearings were established by this Act as well as transparency in the court process by opening juvenile court dependency hearings and TPR hearings to the public with some exceptions and by providing for open juvenile court records for pleadings and orders, except for confidential records or information as required by law or those records closed by court order. The Act also codified a diligent search for absent or unknown parents, family support team meeting composition, confidentiality and the requirement of an emergency meeting prior to placement changes for a child. The Act provided for privately contracted case management and required the division to attain national accreditation within 5 years.

Case Law

In **Jamison v. State of Mo.**, 218 S.W.3d 399 (Mo. banc 2007), the Missouri Supreme Court upheld the constitutionality of the statutory hotline scheme for child protection with two important exceptions. The court held that the probable cause standard of evidence for a determination of abuse or neglect to place a perpetrator's name in the Central Registry was unconstitutional and that the division must apply the higher standard of preponderance of the evidence. The court also required that the perpetrator be given due process, i.e., an opportunity for a pre-deprivation hearing, which in Missouri is notice of and opportunity for hearing at the Child Abuse and Neglect Review Board (CANRB), before his or her name can be placed in the Central Registry. This decision protected the constitutional rights of perpetrators and provided due process.

In a federal appellate case from 2003, the court clarified the federal constitutional standard for those authorized to take protective custody in Missouri and, as a result, there have been fewer children removed from their homes or institutions and a marked increase in preventive services offered by the division to the families prior to removal.

In a termination of parent rights case, **In the Interest of K.A.W.**, 133 S.W.3d 1 (Mo banc 2004), the Missouri Supreme Court required that past abuse and neglect must be updated at the time of trial and convincingly linked to the potential for harm to the child. This has resulted in fewer TPR cases being upheld at the trial level, more TPR cases overturned on appeal, delays in getting TPR cases filed and to trial based on the need for timely information on services and parental status in relation to the needs of the child. This requires reasonable efforts to continue up unto the time of trial and termination is based on the most evidence available at the time of trial. These changes protect the constitutional rights of parents.

Other Practice Impacts

Missouri now has an infrastructure in place not available in round one with a comprehensive quality assurance/quality improvement program. However, the implementation and timing of certain federal initiatives since Round One, including development and rollout of the SACWIS compliant information system (FACES) and an AFCARS review in 2009 (including on-going system changes through 2011 related to the AFCARS Improvement Plan) have complicated Missouri’s ability to use data to evaluate practice. Addressing data integrity issues (learning curve of staff for inputting into a new information system, necessary modifications and edits in FACES and data clean up following conversion) have been a priority focus for the QA unit over the last two years, but as of early 2010, internal data is available once again in order to measure effectiveness.

A factor affecting child welfare practice is Missouri’s high rate of methamphetamine use. From 2001 to 2008, Missouri has had the highest number of methamphetamine related incidents in the country. Methamphetamine related cases are especially problematic because of the physical and the physiological dangers of the drug itself. In addition, in counties where methamphetamine seizures are especially high, some courts take protective custody of children anytime methamphetamine is involved.

In an attempt to remedy this problem, Missouri created The Missouri Alliance for Drug Endangered Children (MODEC) in 2008 to provide services to local groups that address drug endangered children and promote effective services to improve the well-being of children and families. MODEC is discussed in further detail in items 38 and 39. As the 2003 and 2008 maps show, there has been a decrease of 1,414 meth incidents which is nearly a fifty percent decrease. Recent laws removing pseudoephedrine products from store shelves and forcing customers to sign for a requested product may have deterred or slowed the meth manufacturing. Purchasing the

Total of All Meth Clandestine Laboratory Incidents Including Labs, Dumpsites, Chem/Glass/Equipment Calendar Year 2003



Source: National Clandestine Laboratory Database
Total: 17,356/ 47 States Reporting
Dates: 01/01/03 to 12/31/03

Total of All Meth Clandestine Laboratory Incidents Including Labs, Dumpsites, Chem/Glass/Equipment Calendar Year 2008



Source: National Clandestine Laboratory Database
Total: 6,783
Dates: 01/01/2008 - 12/31/2008
Map last updated March 2009

product also requires a signature on an agreement stating the product will be used for medicinal purposes.

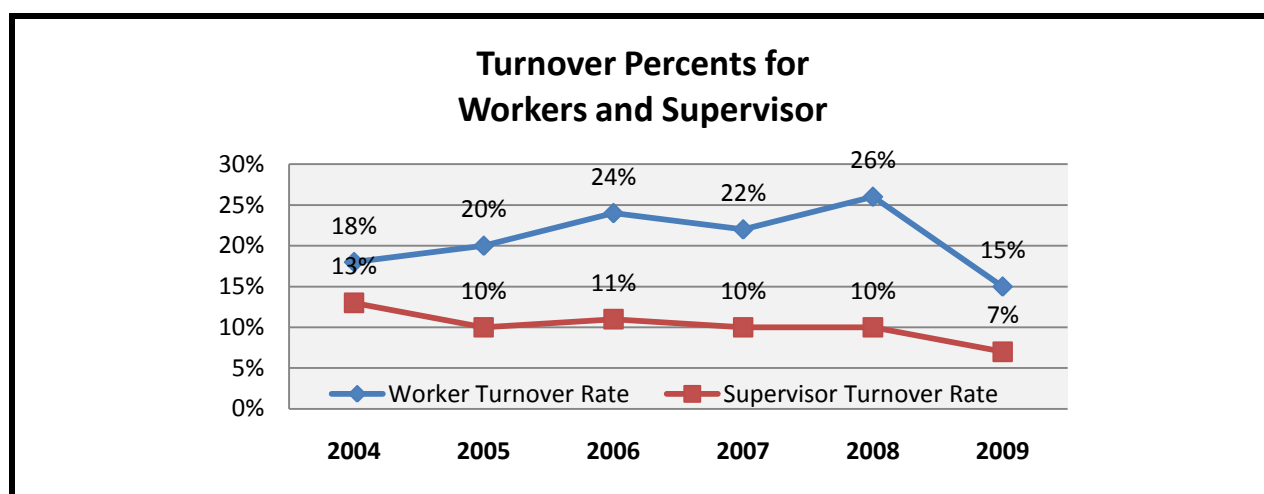
The Division has specific [policy](#) on how staff are to respond to reports involving methamphetamine labs including very specific instruction on steps to take for children removed from meth labs, interviewing children, and assessing the environment.

The Division has the ability to track meth labs through special coding during Investigations.

Staff Turnover

Staff turnover affects case management flow and therefore is considered important when evaluating a state's performance. In Figure 1, the chart provides the turnover percentage of staff and supervisor. As the line graph shows, there was a significant drop in the turnover rates for both workers and supervisors during state fiscal year 2009, (beginning July 1, 2008 until June 30, 2009).

Figure 1: Turnover Chart 2004-2009

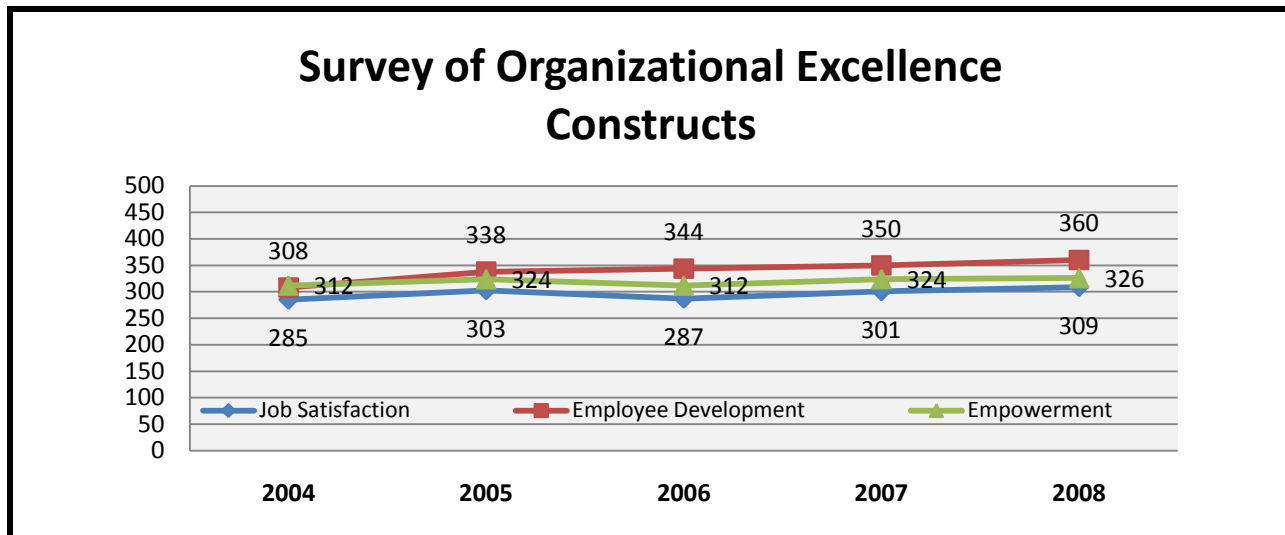


In order to curtail the staff turnover rate, the Division has developed a hiring video and pre-employment survey for potential employees. The pre-employment fundamentals help potential job seekers to determine if working for the Division is the right career path. The presence of a consistent, dedicated child welfare worker has a direct, positive impact on accurate assessments of child safety and a child's successful reunification with the family, placement with relatives or adoption. The video and pre-employment surveys are available at <http://dssapp.dss.mo.gov/cdsurvey/index.asp>.

Another effort to curtail staff turnover is the use of an employee survey called Survey of Organizational Excellence (SOE). Within the Survey are "constructs" which are broadly defined to profile organizational strengths and areas of concern so interventions can be targeted appropriately. Construct scores range from a low of 100 to a high of 500. The most salient constructs providing insight into employees' perceptions are show in Figure 2. Each of the three

constructs, job satisfaction, employee development and empowerment are moving gradually in an upward direction. In addition, the turnover rate in Figure 1 is moving in a positive direction.

Figure 2: Survey of Employee Excellence Results



The SOE is discussed further in Item 31, Quality Assurance Systemic Factor.

Family-Centered Practice Model

The Division recognizes the family as the primary social welfare institution. Because families are irreplaceable, Division policies and practice must serve to strengthen and empower families. Toward this goal, the Division has adopted “Family-Centered Services” as its preferred service methodology.

The “Family-Centered Services” approach is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means that resources, which have traditionally been expended on one family member, are more wisely invested in treating and strengthening the entire family. Therefore, our foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement. However, if the child cannot safely remain in his/her own home, immediate steps must be taken to facilitate timely reunification and assure that other legally permanent plans occur when reunification is not possible.

The Division has enhanced the Family-Centered practice model by incorporating the Strengthening Families approach which assesses protective factors for families in their homes and communities. This begins by shifting the focus from family risks and deficits to family strengths and resiliency and embeds effective prevention strategies into existing systems.

The Child Welfare Manual includes strengthening families as a philosophical base for practice. Memorandum [CD08-81](#) introduced strengthening families as a statewide basis for practice statewide, and self-instruction training is available for strengthening foster families.

The five protective factors are the foundation of the Strengthening Families approach. A focus on protective factors does not ignore the relevance of risk factors; instead, it gives parents what they need to parent effectively, even under stress. The five protective factors are Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Time of Need, and Social and Emotional Development of Children.

Using the five protective factors in the Strengthening Families approach promotes healthy child development and reduces the incidence of child abuse and neglect. A primary philosophy of Strengthening Families is referring people to people, not people to services (i.e. *know your community*).

Investigations, Family-centered Services, and Alternative Care Caseload Information

Table 1 illustrates caseload distribution of child abuse and neglect, family-centered services and out-of-home or alternative care cases assigned to each region in 2004 (CFSR Round One) and 2009. The data source is the *Children's Services Annual Report, Fiscal Year 2004 and 2009*, using Tables 1, 9, and 26.

Table 1: Children's Division Annual Report, Caseload Distribution per Regions, 2004-2009

REGIONS	CHILD ABUSE AND NEGLECT REPORTS 2004	CHILD ABUSE AND NEGLECT REPORTS 2009	FAMILY CENTERED SERVICES 2004	FAMILY CENTERED SERVICES 2009	OUT-OF-HOME CARE 2004	OUT-OF-HOME CARE 2009
NORTHERN	32%	33%	26%	25%	27%	31%
SOUTHERN	38%	40%	38%	44%	32%	34%
KANSAS CITY	13%	12%	13%	13%	15%	14%
ST. LOUIS CITY	8%	6%	11%	8%	16%	12%
ST. LOUIS COUNTY	9%	9%	12%	10%	10%	9%

As Table 1 shows, there is little change in the number of child abuse and neglect reports received in 2004 to 2009 between regions. However, the family-centered services cases increase by 6% in the Southern region; and St. Louis City and St. Louis County decrease by 3% and 2% respectively while the Northern and Kansas City regions were relatively unchanged. With the alternative care cases, the Northern and Southern regions experienced an increase of 6% while the metros, Kansas City, St. Louis City and St. Louis County have experienced a decrease of 6% collectively. There are no known reasons for case fluctuations. Considering the overall percentages in Table 1, the Southern region has the most Child Abuse and Neglect Reports which probably then result in higher Family-centered services and children placed in foster care. Looking at the Child Abuse and Neglect Report for FY08, the number of children reported per thousand children was: Northwest, 54.64; Northeast, 52.81; Kansas City, 46.02; St. Louis Region, 33.78; Southeast, 66.29 and Southwest 73.10. Kansas City and the Southwest Region

are located on the west and south side of Missouri. When considering the number of children reported per thousand, there is a dramatic difference with 3% of all children being reported in Kansas City and 7% being reported in the Southwest. Truly there are cultural differences between the metro and rural areas as rural areas pay more attention to their neighbors and therefore more inclined to report abuse. The Southwest has the highest rate of reported children per thousand with Greene County having 81.05 per thousand children reported; Laclede County with 97.98 and Miller County has 90.51 per thousand children reported. One apparent common factor among these three counties is the presence of some critical events from child abuse and neglect over the past few years. When a child has died, particularly where there was Division involvement, reports increased significantly as public awareness was heightened. Socioeconomic status in and of itself is not a cause as there are large circuits with poor socioeconomic conditions and lower reporting rates. Rather, the reporting rate is linked to local attitudes and cultural expectations.

In an effort to provide a clear understanding of the case management continuum a flow chart has been provided. Each program area is designated by color. For instance, blue is child maltreatment, green is family-centered services and orange is the foster care program.

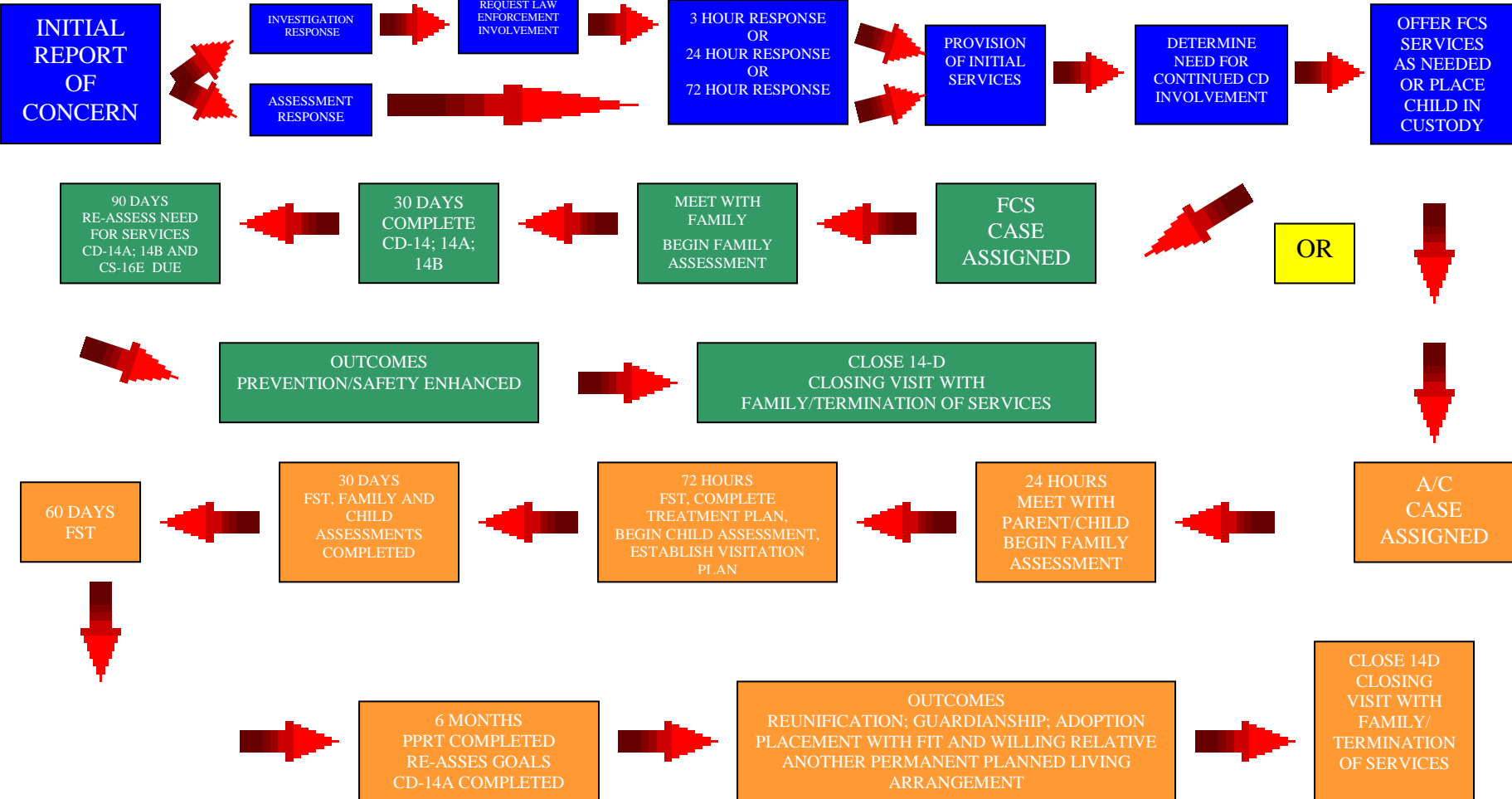
CHILD PROTECTION PRACTICE

CD SERVICE DELIVERY TO RESOLVE CONCERNS AND/OR ACHIEVE PERMANENCY IS STRENGTH BASED, FAMILY CENTERED AND SOLUTION FOCUSED WITH ONGOING ASSESSMENT OF SAFETY, RISK AND WELL-BEING. CD CONTINUOUSLY PLANS FOR CHANGE WHILE CONTRACTING WITH FAMILIES TO REMEDY ABUSE AND NEGLECT.

CD PARTNERS WITH THE FAMILY/JUENIVLE COURT, COMMUNITY RESOURCES, RESOURCE FAMILIES, PLACEMENT PROVIDERS AND NATURAL HELPERS TO PROVIDE FOR THE BEST INTEREST OF THE CHILDREN AND FAMILIES THAT THEY SERVE.

INTENSIVE IN HOME SERVICES ARE APPROPRIATE FOR ANY INTACT FAMILY TO PREVENT REMOVAL

INTENSIVE FAMILY REUNION SERVICES ARE APPROPRIATE FOR ANY A/C FAMILY TO ASSIST REUNIFICATION



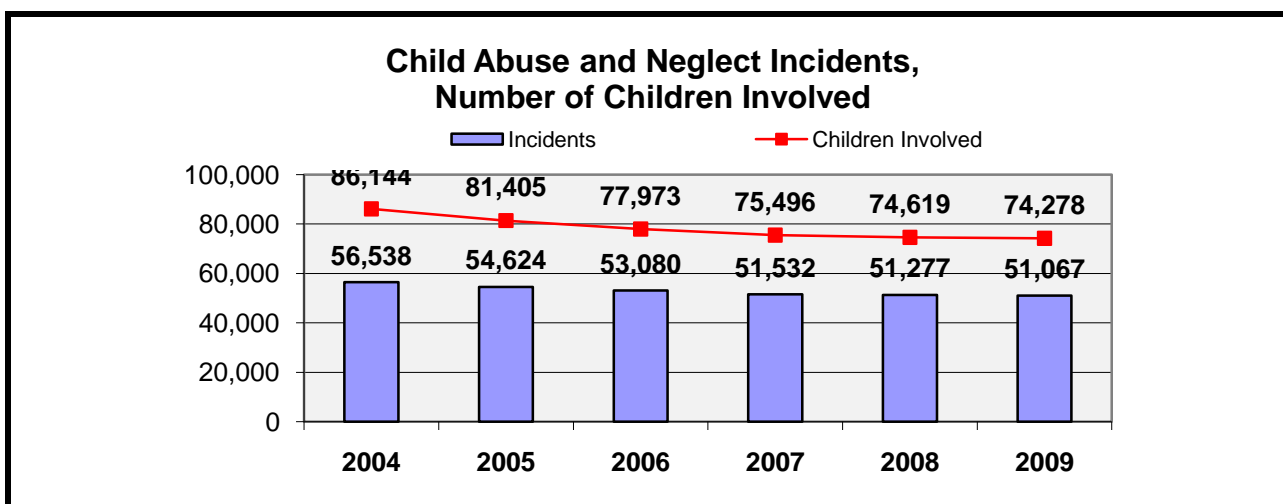
Child Abuse Reports and Call Management System

The implementation of the Call Management System (CMS) in 2004 resulted in remarkable improvement in responsiveness to hotline callers. Previously, the hotline answered on average less than 50% of calls offered which gave several thousand busy signals each month. Since the implementation of CMS technology, which provides real-time call data for current and future planning, the hotline has answered an average of 94% of calls offered while giving an average of only 228 busy signals per month.

In addition to the CMS, the Child Abuse and Hotline Unit uses a system similar to a 911 dispatcher where workers receiving caller information follow an on-line ENTRY screen to assist in classifying the call, while the PATHWAYS screens assist in gathering complete and accurate data. The pathways used for screening and classification of calls were developed based on structured decision making. With the CMS and the on-line assistance, the child abuse and neglect call process is more efficient since the CFSR round one.

In Figure 3, the number of hotline incidents reported since 2004. As the bar graph illustrates, since 2004 there has been a reduction of 5471 reports of child abuse and neglect incidents. At this time, there are no known factors why there is a slight reduction in the number of incidents. The preventative campaigns launched around Missouri have had some impact. There are safe crib and roll-over public service announcements and billboards, as well as, warnings by media during extreme hot and cold weather to never leave a child unattended in a vehicle. The decline in child abuse and neglect reports supports the trend recently announced by the U.S. Department of Health and Human Services’ (HHS) Administration for Children and Families (ACF) that 2008 had the lowest child victimization rate in five years.

Figure 3: Children's Division Annual Report Child Abuse and Neglect, 2004-2009, Table 7

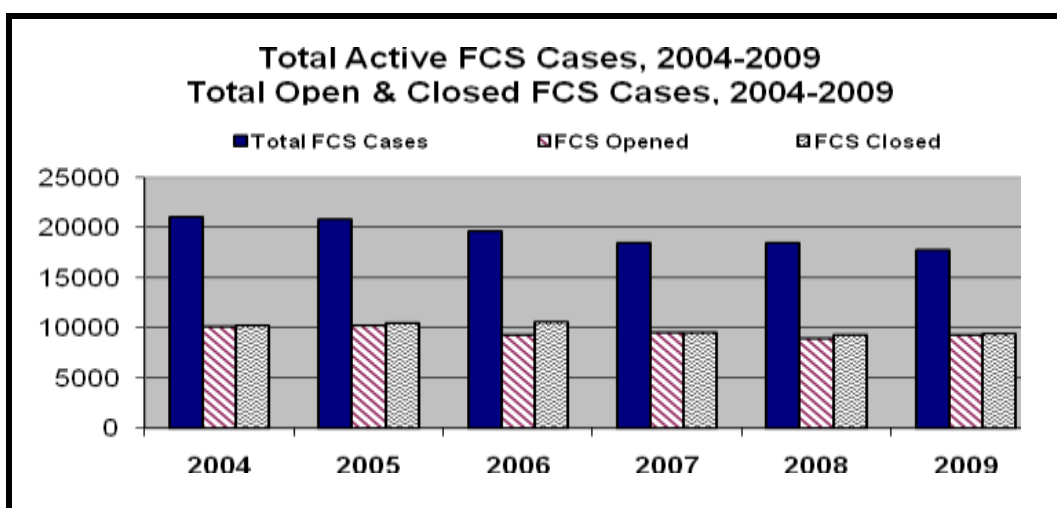


Family-Centered Services Program

The Family-Centered Services (FCS) program seeks to empower the family and minimize its dependence upon the social service system. FCS cases are opened for a variety of reasons such as the result of an investigation or family assessment response, or the family requests preventive services unrelated to a hotline, or to provide reunification services for children removed from the

home. Following an investigation or family assessment response, FCS cases are either opened to address immediate safety concerns or to address risk factors with a focus on prevention, even when no immediate safety concern exists. During the investigation and family assessment response, a safety assessment is completed to indicate if an immediate safety concern exist requiring FCS intervention beyond the conclusion of the investigation/family assessment period, as well as a risk assessment. The risk assessment results in an assigned risk level which drives decisions to open cases in order to address risk factors which if not addressed could lead to a *future* need for intervention. Cases having a very high or high risk level require an FCS case to be opened, where moderate or low risk scores can either result in a case opening or a referral to community services related to the identified risk factor. This safety and risk assessment process was implemented with the assistance of the National Resource Center for Child Protective Services and both tools are based on structured decision making. In addition, FCS cases are opened any time a child is removed from the home. This allows dual service provision by the case manager based on the Family-Centered Out-of-Home philosophy of the Division’s alternative care method of practice. Essentially, when a child is removed, the case manager continues to provide all services an intact family would receive, but additionally provides alternative care case management for the child out of the home, i.e. dual service. This process allows for early engagement of the family in the reunification process through consistency in case management. Figure 4 illustrates the number of family centered cases FCS cases active, opened and closed. Data from 2004-2009 shows a decrease in total active FCS cases by 3,489, however the opening and closing numbers are holding relatively stable. The decline in total cases over time is likely correlated to the decrease in foster children as an FCS case is routinely opened on families with children in care as previously noted. The consistent number of cases opening and closing indicates a continual need for preventive services. The most frequent reason for opening an FCS case is from the Family Assessment Response followed by preventive services needed identified through the investigation response track.

Figure 4: Children's Division Annual Reports, 2004-2009, Table 15, 16 and 17



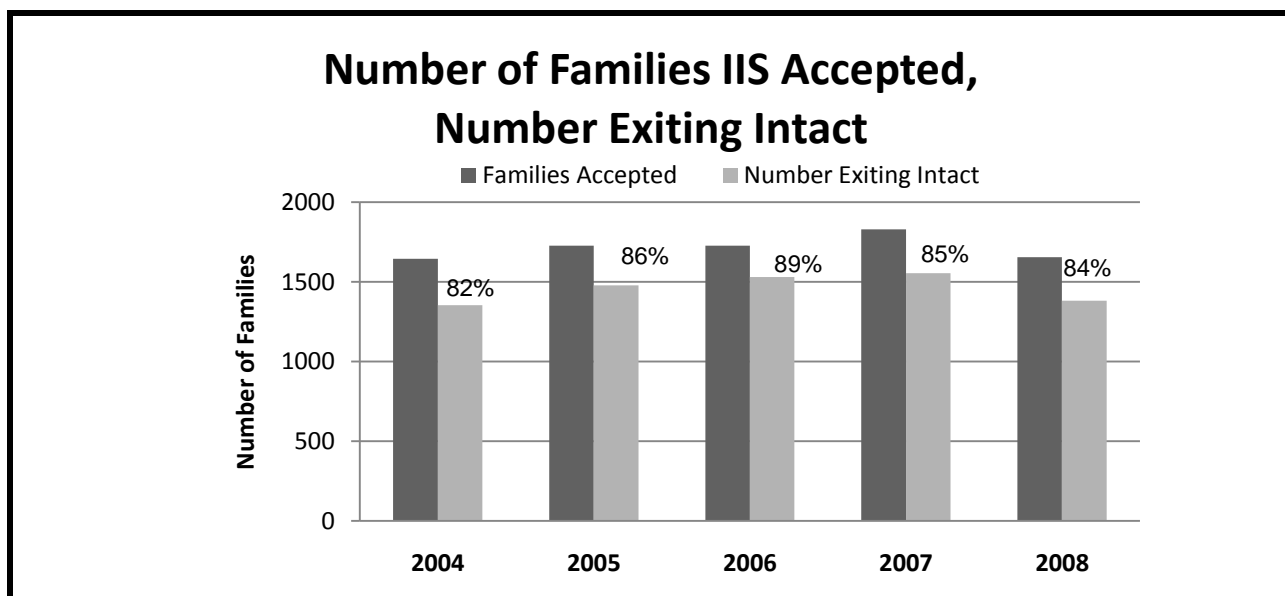
Intensive In-Home Services

In keeping with the Family-Centered practice model, the Division offers intensive, short-term, home based, crisis intervention services offering families the alternative to remain safely

together, averting the out-of-home placement of children whenever possible. Families are referred when the child is at imminent risk of removal. This program is known as the Intensive In-Home (family preservation) program and Figure 5 provides insight into how many families are exiting the program still living together in comparison to the number of families accepted into the program.

Figure 5 demonstrates on average, 85% of families have been able to remain intact because of IIS intervention.

Figure 5: Provided by Research and Evaluation, Number of IIS Accepted, Number Exiting Intact



Preventive Services through Early Childhood Programs

On August 28, 2003, the Governor issued an executive order reorganizing the Department of Social Services which created the Division and added the Office of Early Childhood. The goal for doing such was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues and leveraging prevention investments to reduce abuse and neglect. Through the Office of Early Childhood, Missouri offers the child care and development fund and early childhood development education and care fund which encompasses these programs: Early Head Start, Start-up Expansion for Child Care Facilities, Stay at Home Parent, Accreditation Facilitation for Child Care Providers and oversees contractual work with crisis nursery (birth to age 12) and teen crisis care (age 13 through 17).

Alternative Care Services

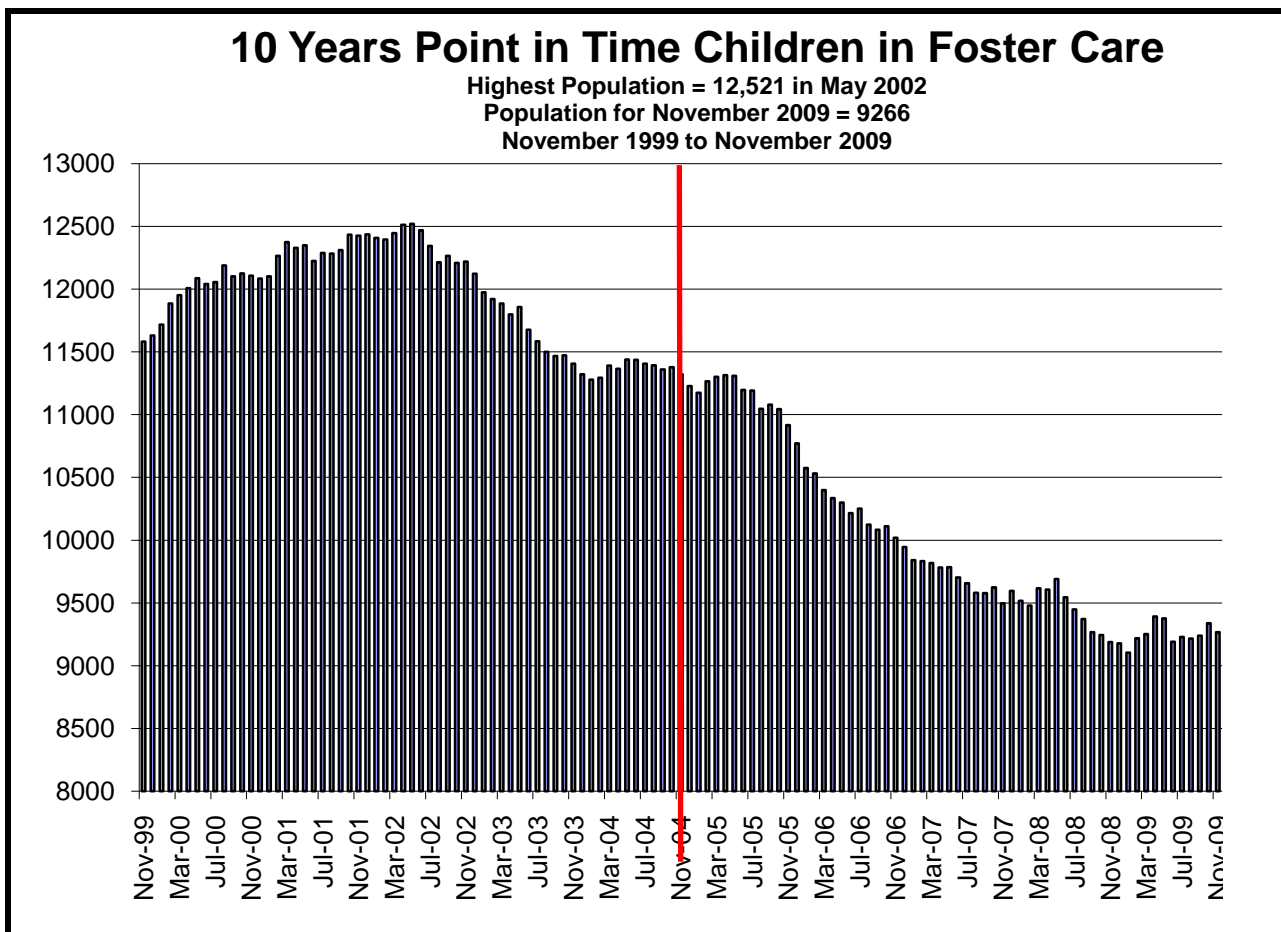
Since the first CFSR on-site review the number of children in foster care has decreased. The next chart shows the downward trend over the past ten years counting the number of children in care at the end of each month. The red line designates the CFSR on-site review that occurred in December 2004.

As Figure 6 shows, the decline was steady up until July 2007, then some fluctuations occurred until June 2008, and the number decreased again through Feb 2008. The data shows a leveling

off from March 2009 to September 2009. In brief, the number of children in foster care decreased from its highest point in May 2002 of 12,521 to 9,266 in November 2009, a difference of 3,255 children.

Nationwide there is a decrease in children in foster care (Child Welfare Information Gateway, <http://www.childwelfare.gov/pubs/factsheets/foster.cfm#child>), and Missouri’s data mirrors the same trend.

Figure 6: Monthly LSI Report from Research and Evaluation, Count of Children from LSI list for past ten years

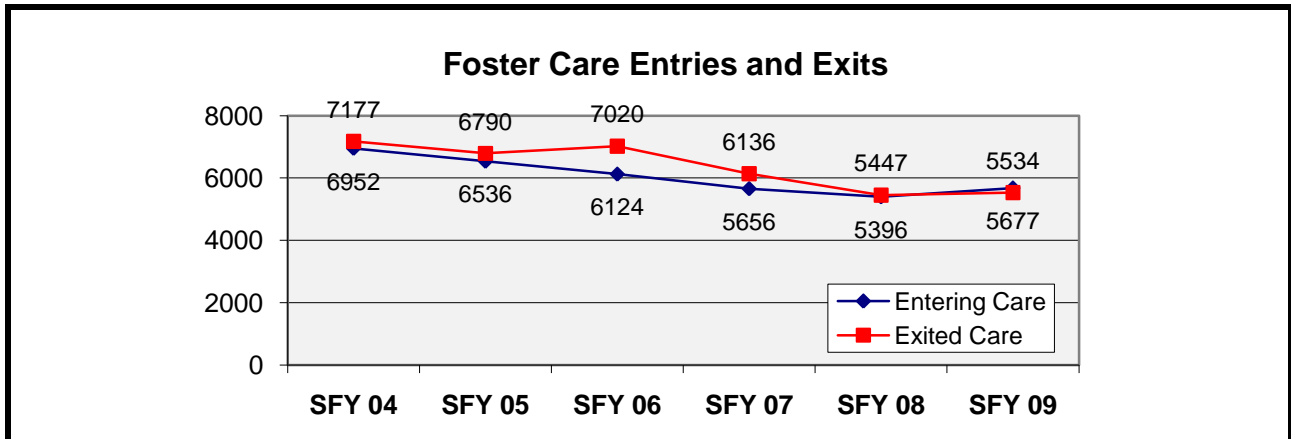


The most decreasing trend occurring mid-2005 corresponds with two events brought about after the passing of HB1453, or Dominic James Memorial Foster Care Act. Following this act, some foster care case management services were provided from private entities through a performance-based contract focused on permanency. Additionally, the act strongly suggested that child welfare agency to move forward to pursue accreditation which dictates lower caseload sizes. Both of these significant changes directly impacted case management practice and have contributed to the decrease in foster care cases. For example, lower caseloads allow increased time for workers for case management activities such as worker visits with children and families, timely permanency planning meetings, reviewing outcomes, supervisory consultations, case documentation, and more.

For the performance-based contracts private contractors formed consortia from individual agencies for the foster care case management contracts. These consortia contracted for a geographical area such as: **St. Louis Region**; Missouri Alliance for Children and Families, Children’s Permanency Partnership and St. Louis Partners; **Kansas City Region**; Cornerstones of Care and Family Advocates; **Springfield Region**; Southwest Children’s Coalition and Springfield Partners; **Central and South Central Region**; Central Children’s Coalition; **Southwest Region**; Southwest Children’s Coalition.

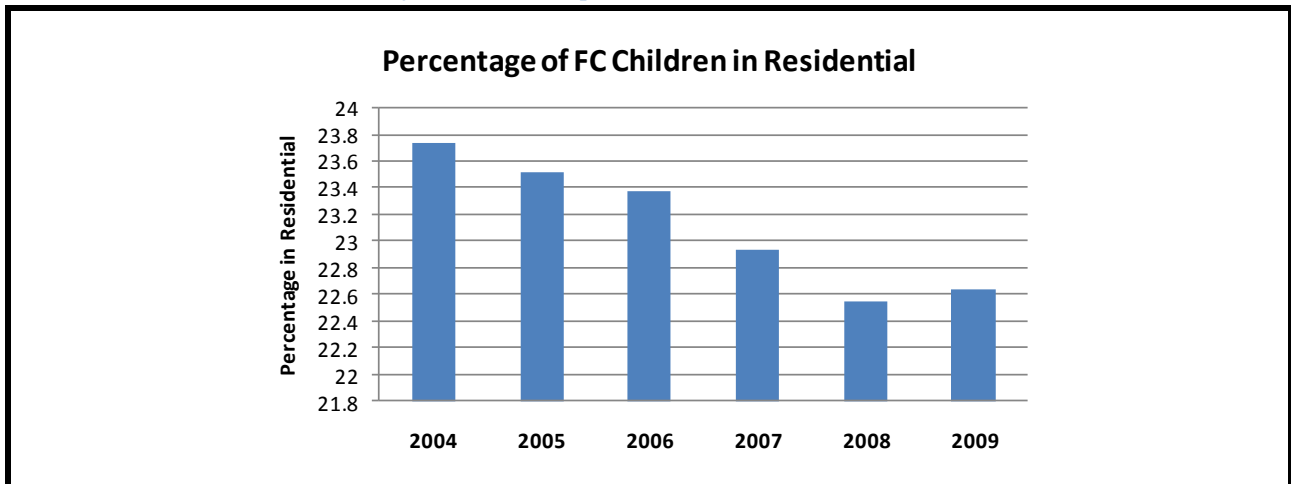
Figure 7 reflects the entries and exits in Missouri’s foster care system. The difference was approximately 200 or more in 2004, dropping to 143 in SFY 2009.

Figure 7: Children's Division Annual Reports, 2004-2009, Table 24



Another focus for the foster care population is the number of children placed in a residential facility. Figure 8 indicates the percent of children in foster care placed in a residential care setting over time. Residential placements have steadily decreased from 2004 to 2008 with a slight increase in 2009. A lower percent of children placed in residential care is an indicator children are being placed in more family like settings; however, decreasing this further is the Division’s focus to reduce residential use whenever possible. To monitor this on an individual case level, an electronic report is planned to be available in August 2010 with the development of the Results Oriented Management Report (ROM) which is discussed further in Item 31.

Figure 8: Children’s Division Child Welfare Outcomes Report, 2004-2009, Outcome Measurement #19



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<i>CHILD SAFETY PROFILE</i>	Fiscal Year 2007ab						Fiscal Year 2008ab						Fiscal Year 2009ab (Not yet available)					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed¹	49,466 ^A		71,402		58,366		49,129 ^A		70,743		57,915							
II. Disposition of CA/N Reports³																		
Substantiated & Indicated	5,410	10.9	7,179	10.1	6,785	11.6	4,133	8.4	5,528	7.8	5,324	9.2						
Unsubstantiated	13,999	28.3	19,505	27.3	17,193	29.5	16,984	34.6	24,313	34.4	21,343	36.9						
Other	30,057	60.8	44,718	62.6	34,388	58.9	28,012	57	40,902	57.8	31,248	54.0						
III. Child Victim Cases Opened for Post-Investigation Services⁴			5,189	72.3	4,866	71.7			3,917	70.9	3,750	70.4						
IV. Child Victims Entering Foster Care Based on CA/N Report⁵			1,765	24.6	1,666	24.6			1,618	29.3	1,545	29.0						
V. Child Fatalities Resulting from Maltreatment⁶					49	0.7					42	0.8						
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence⁷ [Standard: 94.6% or more; national median = 93.3%, 25 th percentile = 91.50%]					3,018 of 3,159	95.5					2,383 of 2,455	97.1						
VII. Absence of Child Abuse and/or Neglect in Foster Care⁸ (12 months) [standard 99.68% or more; national median = 99.5, 25 th percentile = 99.30]					15,359 of 15,418	99.62					14,720 of 14,763	99.71						

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Additional Safety Measures For Information Only (no standards are associated with these):																			
	Fiscal Year 2007ab						Fiscal Year 2008ab						Fiscal Year 2009ab (Not yet available)						
	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%	
VIII. Median Time to Investigation in Hours (Child File)⁹	<24						<24												
IX . Mean Time to Investigation in Hours (Child File)¹⁰	58.5						31.1												
X. Mean Time to Investigation in Hours (Agency File)¹¹	25.3 ^B						34.6 ^B												
XI. Children Maltreated by Parents While in Foster Care.¹²					126 of 15,418	0.82						113 of 14,763	0.77						
CFSR Round One Safety Measures to Determine Substantial Conformity (Provided for informational purposes only)																			
	Fiscal Year 2007ab						Fiscal Year 2008ab						Fiscal Year 2009ab (Not yet available)						
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	
XII. Recurrence of Maltreatment¹³ [Standard: 6.1% or less]					141 of 3,159	4.5					72 of 2,455	2.9							
XIII. Incidence of Child Abuse and/or Neglect in Foster Care¹⁴ (9 months) [standard 0.57% or less]					43 of 14,111	0.30					32 of 13,672	0.23							

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NCANDS data completeness information for the CFSR			
Description of Data Tests	Fiscal Year 2007ab	Fiscal Year 2008ab	Fiscal Year 2009ab (Not yet available)
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	5.3	3.6	
Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]*	98	98.3	
Percent of perpetrators with relationship to victim reported [File must have at least 95%]*	96.6	96.9	
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	99.2	98.5	
Average time to investigation in the Agency file [PART measure]	Reported	Reported	
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]	96.2 ^C	97 ^C	

*States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but

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not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.) Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going

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services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on

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the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

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Additional Footnotes

- A. In early 2007, following the state's conversion to the SACWIS system, at the direction of CD Leadership, a statewide effort by staff to take care of a substantial backlog of unconcluded reports occurred. Therefore, the number of cases concluded in 2007 was much higher than normal. 2008 data more accurately reflects what is normal for a period of one year. This would account for the drop in numbers from 2007 to 2008.
- B. In FFY2008 Agency File: This answer represents the mean number of hours to respond to the report, counted from log-in of the call to the actual Face to Face contact with the alleged victim for all report and response types. The mean response time for each type was calculated as follows by conclusion: Court adjudicated = 10.41; Preponderance of Evidence = 22.95; Unsubstantiated = 31.14; Unsubstantiated, Preventive Services Indicated = 21.47; No conclusion = 65.22; Home Schooling = 68.35; Family Assessment - Services Needed = 30.55; Family Assessment, No Services Needed = 39.02; Family Assessment, Family Uncooperative = 103.44; Family Assessment, Services Needed - Linked initial 30 days = 33.74; Family Assessment, Services Needed - Family Declined = 43.42; School Investigation - unsubstantiated = 29.08. Significant changes from previous year due modifications in FACES and practice improvements to capture actual face to face time more effectively. We continue to explore the cause of variance between the agency file and the child file for this item.

In FFY2007 Agency File: This answer represents the mean number of hours to respond to the report, counted from log-in of the call to the actual Face to Face contact with the alleged victim for all report and response types. The mean response time for each type was calculated as follows by conclusion: Court adjudicated = 3.87; Preponderance of Evidence = 9.77; Unsubstantiated = 19.01; Unsubstantiated, Preventive Services Indicated = 14.9; No conclusion = 70.03; Home Schooling = 24.97; Family Assessment - Services Needed = 24.67; Family Assessment, No Services Needed = 29.95; Family Assessment, Family Uncooperative = 40.86; Family Assessment, Services Needed - Linked initial 30 days = 21.16; Family Assessment, Services Needed - Family Declined = 16.41; School Investigation - unsubstantiated = 5.75. Significant changes from previous year due modifications in FACES and practice improvements to capture actual face to face time more effectively. We continue to explore the cause of variance between the agency file and the child file for this item.

- C. Currently, State staff are not required to assign unique DCN's to all individuals on a concluded case. If a child then is open in Alternative care, it requires a DCN. Therefore, the State cannot match all children from NCANDS to AFCARS. The State will request an edit added to the SACWIS system to require DCN's for all concluded cases. This will be incorporated into the State's AFCARS Improvement Plan as well.

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year ¹	10,206		9,641		9,167	
Admissions during year	5,212		5,122		5,582	
Discharges during year	4,806		4,202		4,620	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)	349	7.3% of the discharges	257	6.1% of the discharges	315	6.8% of the discharges
Children in care on last day of year	10,612		10,565		10,130	
Net change during year	406		924		963	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	1,347	12.7	1,320	12.5	1,130	11.2
Foster Family Homes (Relative)	2,016	19.0	1,922	18.2	1,800	17.8
Foster Family Homes (Non-Relative)	3,983	37.5	3,932	37.2	3,717	36.7
Group Homes	58	0.5	58	0.5	62	0.6
Institutions	1,756	16.5	1,666	15.8	1,708	16.9
Supervised Independent Living	364	3.4	408	3.9	478	4.7
Runaway	112	1.1	115	1.1	115	1.1
Trial Home Visit	975	9.2	1,143	10.8	1,120	11.1
Missing Placement Information	1	0.0	1	0.0	0	0.0
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	5,465	51.5	5,118	48.4	5,121	50.6
Live with Other Relatives	109	1.0	539	5.1	544	5.4
Adoption	2,649	25.0	2,516	23.8	2,240	22.1
Long Term Foster Care	0	0.0	0	0.0	0	0.0
Emancipation	1,661	15.7	1,780	16.8	1,735	17.1
Guardianship	468	4.4	133	1.3	108	1.1
Case Plan Goal Not Established	90	0.8	156	1.5	147	1.5
Missing Goal Information	170	1.6	323	3.1	235	2.3

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	7,317	69.0	7,346	69.5	6,827	67.4
Two	2,139	20.2	2,060	19.5	2,102	20.8
Three	640	6.0	670	6.3	730	7.2
Four	302	2.8	269	2.5	232	2.3
Five	107	1.0	123	1.2	126	1.2
Six or more	107	1.0	97	0.9	113	1.1
Missing placement settings	0	0.0	0	0.0	0	0.0
V. Number of Removal Episodes						
One	7,962	75.0	8,072	76.4	7,656	75.6
Two	1,971	18.6	1,860	17.6	1,853	18.3
Three	505	4.8	477	4.5	478	4.7
Four	117	1.1	119	1.1	107	1.1
Five	37	0.3	30	0.3	29	0.3
Six or more	8	0.1	5	0.0	7	0.1
Missing removal episodes	12	0.1	2	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)						
	2,619	45.3	2,714	45.3	2,576	43.1
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)						
	18.4		17.4		15.7	
VIII. Length of Time to Achieve Perm. Goal						
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	2,848	7.4	2,545	8.1	2,940	8.5
Adoption	812	29.1	836	27.2	978	26.7
Guardianship	849	22.1	607	30.5	524	43.6
Other	285	34.5	201	41.1	170	35.1
Missing Discharge Reason (footnote 3, page 16)	12	7.0	9	7.5	7	0.7
Total discharges (excluding those w/ problematic dates)	4,806	13.2	4,198	14.3	4,619	14.0
Dates are problematic (footnote 4, page 16)	0	N/A	4	N/A	1	N/A

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Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 127.3	State Score = 115.5	State Score = 103.2
National Ranking of State Composite Scores (see footnote A on page 12 for details)	10 of 47	20 of 47	38 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 th percentile = 75.2%]	71.0%	67.3%	64.0%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 th Percentile = 5.4 months (lower score is preferable in this measure ^B)]	Median = 6.8 months	Median = 7.4 months	Median = 8.1 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 th Percentile = 48.4%]	40.1%	33.4%	39.0%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 th Percentile = 9.9% (lower score is preferable in this measure)]	7.9%	11.4%	15.0%

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	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 121.8	State Score = 101.9	State Score = 120.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	6 of 47	20 of 47	6 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75th Percentile = 36.6%]	36.4%	40.5%	40.8%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)]	Median = 28.9 months	Median = 27.2 months	Median = 26.7 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75th Percentile = 22.7%]	13.6%	14.6%	18.7%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75th Percentile = 10.9%]	13.9%	11.4%	12.6%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75th Percentile = 53.7%]	72.6%	45.1%	58.2%

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	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 101.6	State Score = 103.1	State Score = 110.3
National Ranking of State Composite Scores (see footnote A on page 12 for details)	40 of 51	39 of 51	32 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75th Percentile = 29.1%]	18.2%	18.6%	22.6%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75th Percentile = 98.0%]	94.9%	95.6%	96.1%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]	57.9%	57.7%	55.7%

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	Federal FY 2007ab	Federal FY 2008ab	Federal FY 2009ab
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates no components but three individual measures (below)	State Score = 136.9	State Score = 136.8	State Score = 136.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	1 of 51	1 of 51	1 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75 th Percentile = 86.0%]	89.8%	89.2%	90.4%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75 th Percentile = 65.4%]	94.5%	94.4%	92.5%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75 th Percentile = 41.8%]	90.3%	91.1%	90.4%

Special Footnotes for Composite Measures:

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

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PERMANENCY PROFILE	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
FIRST-TIME ENTRY COHORT GROUP						
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	2,038	80.8	2,004	82.6	2,153	79.2
II. Most Recent Placement Types						
Pre-Adoptive Homes	88	4.3	170	8.5	118	5.5
Foster Family Homes (Relative)	437	21.4	416	20.8	547	25.4
Foster Family Homes (Non-Relative)	718	35.2	729	36.4	753	35.0
Group Homes	21	1.0	13	0.6	11	0.5
Institutions	209	10.3	232	11.6	206	9.6
Supervised Independent Living	3	0.1	7	0.3	12	0.6
Runaway	11	0.5	15	0.7	11	0.5
Trial Home Visit	551	27.0	422	21.1	495	23.0
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	1,736	85.2	1,502	75.0	1,720	79.9
Live with Other Relatives	6	0.3	98	4.9	106	4.9
Adoption	145	7.1	125	6.2	89	4.1
Long-Term Foster Care	0	0.0	0	0.0	0	0.0
Emancipation	45	2.2	43	2.1	36	1.7
Guardianship	33	1.6	11	0.5	9	0.4
Case Plan Goal Not Established	39	1.9	24	1.2	35	1.6
Missing Goal Information	34	1.7	201	10.0	158	7.3
IV. Number of Placement Settings in Current Episode						
One	1,498	73.5	1,533	76.5	1,654	76.8
Two	357	17.5	303	15.1	353	16.4
Three	104	5.1	101	5.0	92	4.3
Four	40	2.0	37	1.8	24	1.1
Five	24	1.2	18	0.9	13	0.6
Six or more	15	0.7	12	0.6	17	0.8

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	713	90.1	595	91.5	667	93.7
Adoption	10	1.3	25	3.8	8	1.1
Guardianship	39	4.9	15	2.3	14	2.0
Other	25	3.2	12	1.8	20	2.8
Unknown (missing discharge reason or N/A)	4	0.5	3	0.5	3	0.4
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	15.1		17.1		not yet determinable	
Missing placement settings	0	0.0	0	0.0	0	0.0

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	4	0.1 %	1	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	79	1.6 %	51	1.2 %	44	1.0 %
Missing discharge reasons	12	0.2 %	9	0.2 %	7	0.2 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	4	0.5 %	32	3.8 %	32	3.3 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	245	23.2% fewer in the foster care file.	152	15.4% fewer in the foster care file.	31	3.1% fewer in the foster care file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	0	0.0 %	0	0.0 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files.

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Note: These are CFSR Round One permanency measures. They are provided for informational purposes only.

	Federal FY 2007ab		Federal FY 2008ab		Federal FY 2009ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more]	1,937	68.0	1,617	63.4	1,872	63.7
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	293	36.1	337	40.3	397	40.6
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	5,591	90.6	5,263	89.8	5,804	91.0
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	417	8.0 (80.2% new entry)	446	8.7 (81.5% new entry)	580	10.4 (78.2% new entry)

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FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY 07, FY 08, and FY 09 counts of children in care at the start of the year exclude 119, 139, and 174 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 15.1 in FY 07. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁶This First-Time Entry Cohort median length of stay was 17.1 in FY 08. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁷This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 09. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment.

How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Round One Result: **Item 1** was rated as an Area Needing Improvement based on the finding that in 33% of the applicable cases, the Division did not established face-to-face contact with the child subject of a maltreatment report in accordance to the State's required timeframes.

Policy Requirements:

Our staff must begin the investigation process within 24 hours of receipt of report (unless deemed an emergency). The investigation process begins with the first contact with *any* individual, such as reporter, law enforcement, or a family member. In all reports, every child named as an alleged victim must be seen face-to-face within 24 hours, or within 3 hours in situations deemed an emergency. The only exception is for educational neglect reports, where initial contact must be made within 72 hours. The response time requirement for any of the above categories begins from the time the hotline alert is sent to the field office (which is indicated as the report date/time listed on the CA/N-1 Form). As the hotline unit is taking the report, the information is being fed directly into the FACES system. At the end of the call, the worker has five minutes to search the FACES system for prior information and edit any report information. At the end of the five minutes, the call is alerted to the field. Reports are coded an emergency when a child is in immediate danger such as in cases alleging severe physical abuse, sexual abuse, meth lab exposure, children under the age of eight left alone, serious untreated medical conditions, and children alleging suicide. If there is an emergency after regular business hours, the hotline unit will contact the person on the on-call schedule directly by phone and provide information verbally along with the alert to the county office.

Direct contact should be made by the Children's Division whenever possible; however initial face-to-face contact may be made by a multidisciplinary team member *if* they can assure safety. This policy was first implemented in 2005 with Memo [CD05-35](#). Pursuant to RSMo 210.145, multi-disciplinary team members include law enforcement, a liaison of the local public school, the juvenile officer, the juvenile court, and other agencies, both public and private. Examples of private agencies would be hospitals, clinics or daycares; examples of public agencies could be a DYS facility or schools. Documentation of the multidisciplinary team member actions and findings should be clearly documented in the child abuse and neglect report narrative. If a multi-disciplinary team member made the initial contact, the Children's Division worker must see all children in the household, including the victim(s) within 72 hours.

If a duplicate report is received within 24 hours of the first and has the same perpetrator and victims, the information is added to the initial report. If the information is received after 24 hours, a new report is created and alerted to the county.

Progress Since Round One:

In 2003, a new protocol intake screening tool was implemented to assist hotline staff in achieving greater consistency in the acceptance, prioritization, and classification of calls. The tool is based on structured decision making principles and uses decision trees for making key decisions to assess child safety and establish response times for the child to be seen. The protocols use a standard interview beginning with entry questions, followed by a set of key questions, and ending with a closing procedure specific to the type of call.

In 2004, the Call Management System was implemented in response to excessive busy signals. The system uses queuing during periods of high call volume and emergency calls are answered first.

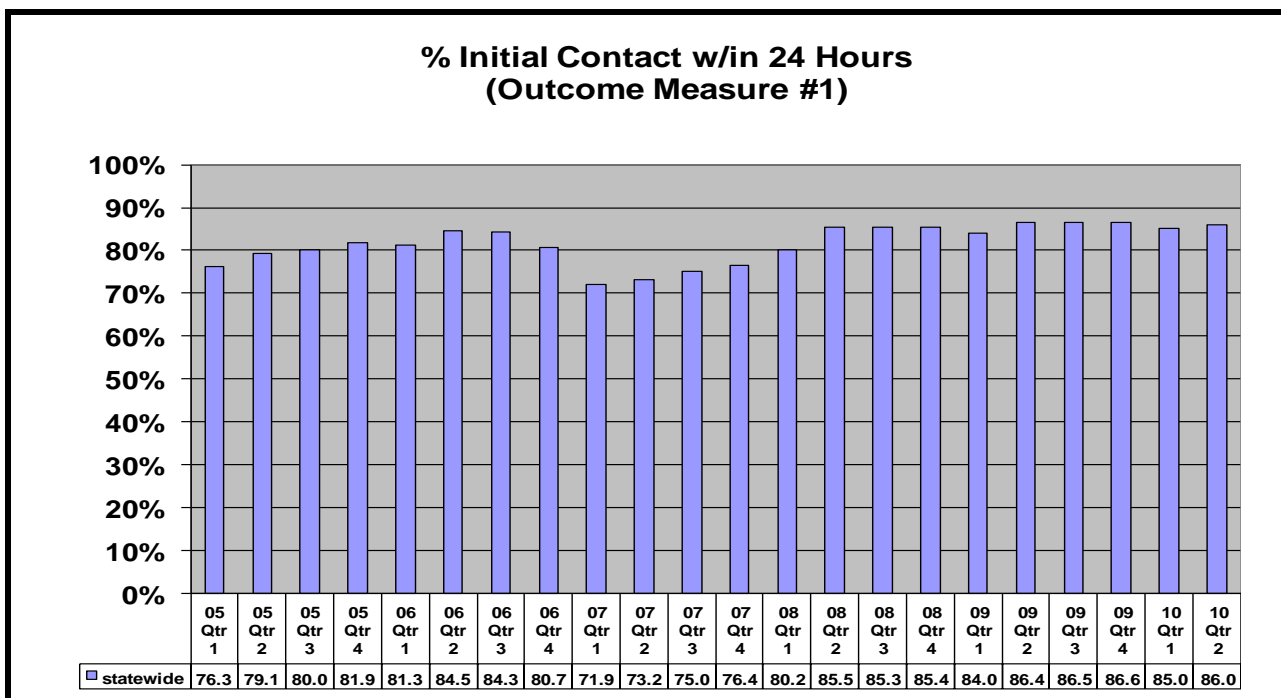
In 2005, new policy was introduced that allows the county office staff, supervisor or circuit manager level, to override the response priority of investigations and families assessment established by the Child Abuse/Neglect Hotline Unit (CANHU), expansion of definitions for initiating an investigation or family assessment, clarifies initial contact timeframes, and allows staff to utilize multi-disciplinary team members for assuring initial safety. Occasionally, local offices have more information available than the caller provides to the CANHU which could result in a change of necessary response time. The priority change is entered into the FACES system.

Missouri Child Welfare Outcome Report Measure #1, Peer Record Review (PRR) question 6, and supervisory case review (SCRT) Item 1 each measure timeliness of initial contact. Table 2 provides outcomes from each of these sources.

Table 2: Children's Division Child Welfare Outcomes Report, Annual Peer Record Review Report, Annual Supervisor Case Review Report, Timeliness of Initial Contact

Year	Outcome Measure #1	Peer Record Review Q #6	SCRT, Item 1
2004	75.35%	96%	N/A
2005	79.41%	95%	N/A
2006	82.87%	96%	86%
2007	79.41%	95%	87%
2008	84.32%	96%	89%
2009	85.33%	96%	90%

Figure 9: Children’s Division Child Welfare Outcomes Report, Outcome Measure #1, Initial contact within 24 hours



The overall improvements shown in the table are likely related to new policy (Memo [CD05-35](#)) allowing multi-disciplinary team members to make the initial contact for safety assurance of the child.

Both the peer-to-peer reviews and the supervisor case reviews are based on a sampling of the child abuse and neglect reports, while Outcome Measure #1 is calculated from every child maltreatment report entered into the FACES system. The peer record review data remain fairly constant while the supervisor case review outcomes are trending in a positive direction. With the exception of 2007, Outcome #1 is trending in a positive direction. To understand the slight fluctuation from 2006 to 2007 in Outcome #1, consider the number of maltreatment reports received in each year. Per the Missouri Child and Family Services Review Data Profile, provided January 29, 2010, the total disposed reports in 2007 were 49,466; in 2008 were 49,129. In a prior data profile produced May 20, 2008, the total disposed reports in 2006 is 47,491, which is 1,975 less than in 2007. Therefore, the increased disposed reports in 2007 would affect 2007 Child Welfare Outcome Report Measure #1 percentage.

Additional timeliness of investigations data were gathered through the CFSR mock site reviews. From this review, Item 1, timeliness of investigation was 71%. However, the mock review item extended beyond assessing timeliness and also looked at Missouri’s requirement to see all children in the home within 72 hours. This extension in scope could explain why the total outcome was slightly lower than Outcome Measure #1, as well as, peer and supervisor review outcomes. CFSR round one, Item 1 found 67% of the cases reviewed a strength, compared to 71% found in the recent mock, which has improved slightly.

Missouri's Data Profile, pg 2, provides a mean time to investigation, using the NCANDS child file records, showing a significant decrease from 2007 of 58.5 hours to 25.76 in 2009. This trend indicates improvement in investigation start times, however, may also reflect an improvement in documentation efforts.

Overall, the data is trending in a positive direction for improving the timeliness of initiating contact of child abuse and neglect reports.

Strengths:

Multi-disciplinary team members play a crucial role in assisting in the investigative process. For instance, a multi-disciplinary member can make contact with the victim and they can assure safety for the child; this allows the Division flexibility to see the victim within 72 hours which aids the worker in being better able to prioritize and plan caseload activities. However, the use of a multi-disciplinary team member requires clear documentation on how the multi-disciplinary contact is appropriate in assuring initial safety.

Challenges:

One challenge facing the child abuse and neglect hotline unit (CANHU) is manning the phones on a 24 hour, 7 days a week basis. The Division must in turn also have investigators on-call 24 hours, 7 days a week to provide coverage for emergency hotlines. Staff turnover impacts work processes and scheduling. In addition, some circuits have large geographical areas to cover and initial contact is sometimes delayed.

According to data discussed, timeliness of investigations over the past five years is gradually increasing, however this improvement may not be enough to reach a "strength" score.

Promising Approaches:

The Call Management System has enhanced our capacity to manage a Central Registry Unit more efficiently and provides the general public a greater real time response for making a call of concern for children. The implementation of the Call Management System (CMS) in 2004 resulted in remarkable improvement in responsiveness to callers to the hotline. Previously, the hotline answered on average less than 50% of calls offered and gave several thousand busy signals each month. Since the implementation of CMS technology, which provides real-time call data for current and future planning, the hotline has answered an average of 94% of calls offered while giving an average of only 228 busy signals per month.

Item 2: Repeat Maltreatment

How effective is the agency in reducing the recurrence of maltreatment of children?

Round One Result: Item 2 was rated an Area Needing Improvement; 39 (83%) were found a strength and 8 (17%) are area needing improvement. The State's data profile on maltreatment recurrence for 2002 (7.3%) does not meet the national standard of 6.1 percent or less.

Policy Requirements:

Reports alleging child maltreatment are received and screened at the central child abuse and neglect hotline unit (CANHU). If accepted, the report is assigned to one of two tracks for follow up. An Investigation is a response classification by the Division for a report of abuse or neglect, based upon structured decision making protocols, and reported risk and injury to the child, where the acts of the alleged perpetrator, if confirmed, are criminal violations and/or the action/inaction of the alleged perpetrator may not be criminal, but which if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations require immediate notification to law enforcement for assisting in the investigation. The appropriate law enforcement agency shall either assist the division in the investigation or provide the division, within twenty-four hours, an explanation in writing detailing the reasons why it is unable to assist. The law enforcement participation is often dependent on the entity and on local protocol. Children having allegations found to be true based on a preponderance of evidence standard of proof during an investigation as defined by Chapters 210.145 and 210.152, RSMo, are classified as victims of abuse or neglect. In these cases, perpetrator information is retained indefinitely in the Central Registry. The Missouri Supreme Court ruled on *Jamison v. State*, 218 S.W.3d 399 (Mo.banc 2007) regarding the constitutionality of the central registry.

The Family Assessment Response is the alternate response for calls received through CANHU. A Family Assessment response is a classification by the Division to a report, based upon structured decision making protocols, and the reported risk or injury to the child, for allegations of mild or moderate concerns reported to CANHU. Determinations from Family Assessment responses are **not** included in the Central Registry and children involved in family assessments are not classified as victims of abuse.

Staff working a family assessment response who during the course of the family assessment identify a situation where a possible child abuse and neglect law violation might have occurred, such as possible child molestation or severe physical abuse, are to immediately discuss the issue with their supervisor. If supervisor determines it meets the criteria, he/she has the authority to change the family assessment to an investigation status. The worker will then involve law enforcement as required for all investigations.

As part of the response to either track, a comprehensive assessment using the CPS-1 form is then completed with the family as a means to prevent future abuse and neglect by determining the family's strengths, protective capacities and needs. A safety assessment is completed at the beginning of the investigation or family assessment, and a safety plan is then entered into with the family/caregiver for any safety factor identified. Safety re-assessments are required for all safety plans until a safety decision of "safe" can be made. Risk Assessments are completed prior to the completion of the investigation or family assessment. Risk assessment levels are used to determine if a case should be opened to address risk factors which if not addressed could lead to a *future* need for intervention. A score of Very High or High require an FCS case to be opened, where a risk level of moderate to low allows for referrals to community services relevant to the risk factors to be made in lieu of opening a case as long as all immediate safety concerns were addressed.

Families entering the child welfare system due to reports of child abuse or neglect may receive case management services known as Family-Centered Services (FCS). Services are also available to families, including expectant parents, who request services which might prevent child maltreatment or family dysfunction. FCS seeks to empower the family and minimize its dependence upon the social service system. Preventative services include a range of treatment and support services and are provided, as appropriate, a treatment plan. Intensive In-Home, Parent Aide, and Mental Health Services are examples of preventative support services. In an intact family FCS case, the safety of all children in the home is assured during home visits and through written service plans.

In addition, FCS cases are opened any time a child is removed from the home. This allows dual service provision by the case manager based on the Family-Centered Out-of-Home philosophy of the Division's alternative care method of practice. Essentially, when a child is removed, the case manager continues to provide all services an intact family would receive, but additionally provides alternative care case management for the child out of the home, i.e. dual service. This process allows for early engagement of the family in the reunification process through consistency in case management, and allows the worker to monitor progress on alleviating safety and/or risk factors which resulted in the removal of the child.

The safety of children placed out of the home is assured through monthly visits in the placement by the case manager.

In an effort to ensure that the transition from foster care to reunification is successful and the safety of the child is assured, Division's policy requires the worker to visit the child and the family in the home once a week for the first 30 days of the trial home visit. After the first 30 days, visits are based on the risk level. If a family has a high risk level, the worker is required to visit the home more frequently than they would be if the family had a low risk level. Workers should ensure necessary services and supports are in place at the time the trial home visit begins.

When abuse and/or neglect is alleged in an out-of-home situation, Missouri has a specialized "Out of Home Investigations (OHI)" unit who is assigned to investigate allegations coming from a foster home, residential facility, schools, or licensed daycare center. All reports assigned to OHI are screened as investigations, as all child abuse or neglect allegations involving a licensed facility would be considered a violation of law.

The Residential Program Unit (RPU) oversees licensing and safety requirements of residential facilities in addition to foster homes contracted with the private Foster Care Case Management agencies, while foster homes licensed by the Division are overseen by local Division staff. The OHI Unit notifies RPU when a safety concern is found during an out of home investigation.

Progress Since Round One:

In 2004, the Children's Research Center (CRC) conducted a case review to examine whether the safety assessment, risk assessment, and risk reassessment had been implemented. They found some policy and procedures may not be working as intended. Safety and risk assessments were often completed with little narrative to support the scores on the respective assessment. CRC recommended that supervisors review a minimum of two cases each month from each worker's

caseload to ensure risk and safety tools are completed accurately and in a timely manner. They also recommended that a larger sample of cases should be reviewed to gain a better view of how safety and risk assessments were being completed statewide.

In June 2004, through a collaborative effort of the Department of Social Services and the Office of State Courts Administrator, multi-disciplinary educational programs were developed to meet the recommendations of the Commission on Children's Justice. A training series was developed for juvenile court personnel and CD staff to improve the Juvenile Justice System and the delivery of protective services to children and their families. The training highlighted the definition of structured decision making and how it was implemented.

In 2005, the Peer Record Review (PRR) tool was revised to include more items regarding safety and to reflect the current policy.

In 2005, training was conducted in several parts of the state regarding the importance of accurate and timely completion and use of the safety and risk assessments.

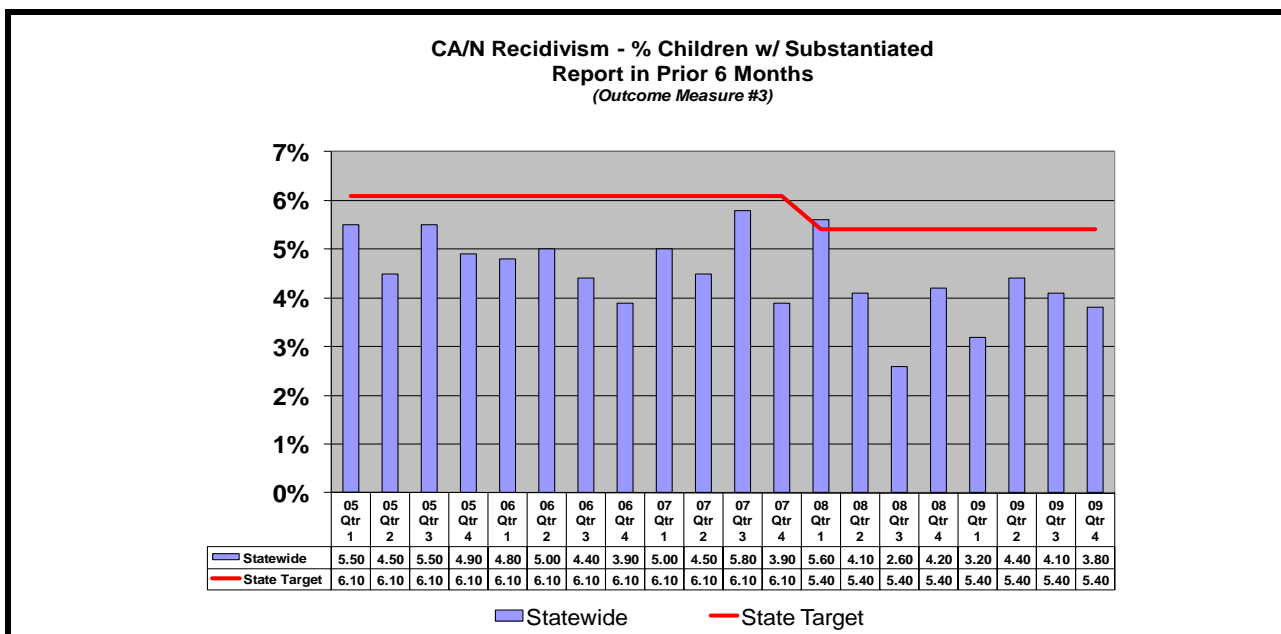
In 2005, teams were created across the state to develop strategies to reduce repeat maltreatment. One of the strategies utilized was conducting case reviews to determine what services or efforts could prevent repeat maltreatment and develop individual plans to meet those needs. In one circuit, emphasis was placed on educating foster parents of the hotline process during foster parent training. Workers should meet with children privately to discuss any concerns about their foster home.

In 2006, the Division recognized that a small number of families had a large number of repeat maltreatment ultimately resulted in an accumulation of harm to the child and lead to an out-of-home placements and costly services to reduce risk of abuse/neglect. A pilot project was developed and focused on the effects of substandard care and living conditions. Even though the preliminary data had positive results, the state did not take the process statewide due to lack of FTE's. The repeat maltreatment worker could carry only 4 cases and this requirement made the program cost prohibitive.

Measure of Effectiveness:

According to the Child and Family Data Profile, produced January 29, 2010, for absence of maltreatment recurrence, Missouri has passed and well exceeded the benchmark of 94.6% or more with outcomes of 95.5% in 2007; 97.1% in 2008. Another data indicator included in this profile is absence of child abuse and neglect in foster care in which Missouri surpassed the benchmark of 99.68% with an outcome of 99.71% for 2008; however in 2007 the outcome was 99.62%, just slightly under benchmark. In addition, the overall combined mock review scores from all six reviews for Item 2, is 96% which supports the state data profile outcomes. The next chart reflects progress as indicated in the Child Welfare Outcomes Report, Measure 3. For more information on the mock site reviews, see Introduction, Primary Data Source.

Figure 10: Children’s Division Child Welfare Outcomes Report, Outcome Measure #3



In addition to the two federal data indicators, Missouri tracks child abuse and neglect reports with children after reunification, child abuse and neglect reports while receiving services through our family-centered services program (serving intact families) and child abuse and neglect reports for families receiving intensive in-home services (also known as family preservation). Here are tables summarizing the results:

Table 3: Children’s Division Child Welfare Outcomes Report, Measure #5

Note: “Other finding” includes unsubstantiated investigations and family assessments.

Year	# of children returning home from foster care	% of reports within 3 months of exited FC with substantiated findings	% within 3 months of exiting FC with other finding
2004	3,540	2.12%	7.94%
2005	3,401	1.68%	7.47%
2006	3,559	1.07%	6.18%
2007	2,927	.48%	6.46%
2008	2,484	.85%	6.60%
2009	2,535	1.07%	5.96%

In Table 3, the number of children exiting care (shown on table) is decreasing. This is likely related to the decrease in number of children entering as previously shown in Figure 6. In Table 3, when comparing substantiated findings on reports for children returned to their home from 2004 to 2009, there is a one percent decrease, and the reports with other findings has dropped by almost two percent. Therefore, data shows improvements in preparing families when children leave foster care and remain home safely.

Table 4: Children's Division Child Welfare Outcomes Report, Measure #6
Note: "Other finding" includes unsubstantiated investigations and family assessments.

Year	No. of Families receiving FCS	% of reports occurring during FCS intervention with substantiated finding	% of reports occurring during FCS intervention with other finding
2004	12,210	3.60%	15.03%
2005	12,071	3.21%	14.17%
2006	10,898	2.20%	12.86%
2007	10,823	2.06%	12.17%
2008	10,185	1.90%	12.03%
2009	9,969	1.62%	12.10%

FCS cases are opened for a number of reasons such as a substantiated hotline or a voluntary request from the family. As Table 4 illustrates, the number of intact family FCS cases opened since 2004 has gradually decreased. A measure of effectiveness of the FCS program cannot be based solely on the number of child maltreatment reports received during the open intervention; however this data can provide a barometer as to its partial effect on reducing child abuse and neglect issues which can lead to a call of concern. Table 4 shows a steady reduction of overall reports involving intact families since 2004. Thus, FCS seems to result in a decrease in child abuse and neglect issues.

Per 2004 Annual Report, page 26, approximately 25 percent of FCS families served were the result of substantiated child abuse/neglect reports, and in 2009 the percentage dropped to 12 percent. This is likely related to the change in standard of evidence for substantiation of CA/N effective as of August 28, 2004, resulting in fewer cases being substantiated in general after that time. In 2004, approximately 22 percent were opened as a result of a family assessment and in 2009 the percentage increased to 30 percent. The number of families requesting preventative services in 2004 was 39 percent and in 2009 the number decreased to 27 percent.

Table 5: Children's Division Child Welfare Outcomes Report, Measure #7.
Note: "Other finding" includes unsubstantiated investigations and family assessments.

Year	No. of Families exiting IIS services	% of reports within 3 months of IIS exit with substantiated finding	% of reports within 3 months of IIS exit with other finding
2004	1,498	.13%	.33%
2005	1,758	.17%	1.14%
2006	1,262	.00%	.55%
2007	1,857	.00%	.81%
2008	1,680	.00%	1.01%
2009	1,047	.00%	.86%

The IIS program individualizes services for families with intense intervention activities in a short timeframe. More detailed information is available in Item 3, Services to Prevent Removal, as this program is targeting children at-risk for removal. While the program's intent is to keep the children in their own homes, this program has an impact on repeat maltreatment reports for at-risk families. Table 5 shows a low amount of child maltreatment activity with families after having an IIS intervention.

Strengths

In addition to internal programs, there have also been joint initiatives between the Children's Division and the Juvenile Court around the state since 2007 to improve the re-entry rate among other issues. As re-entries could be related to repeat maltreatment, it is therefore relevant for this item. Much of the emphasis focuses on ensuring that parents have the proper supports in place to maintain when the Children's Division is no longer involved. In addition, planning for reunification placement supports occurs several months before the actual reunification takes place. Staff are placing a greater emphasis on increasing the time parents visit with their children prior to reunification. Many circuits are encouraging extended visits where the children are placed at home for a few weeks at a time to determine readiness for reunification.

Data from the Missouri's data profile is meeting and surpassing the recurrence of maltreatment and foster care child abuse and neglect incidents benchmarks. The Division's internal data shows continual progress in this element. The internal six CFSR mock reviews supports the profile data, therefore Missouri should perform well in the case reviews for repeat maltreatment.

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Item 3: *Service to family to protect child(ren) in the home and prevent removal or re-entry into foster care.*

How effective is the agency in providing services, when appropriate to prevent removal of children from their homes?

Round One Result: Item 3 was rated an Area Needing Improvement; 25 cases (76%) were found a strength and 8 cases (24%) were area needing improvement. The State did not provide services in 6 cases to maintain the child safely in their own home.

Policy Requirement:

Every "reasonable effort" should be made by the worker to preserve the family unit and prevent out-of-home placements for children. The selection of resources and services to prevent out-of-home placement should be based on the careful examination by the worker and the family, of the family's unique strengths and needs, the family's capacity to use and benefit from the resource, and the desired outcomes. Some families will benefit from established resources, which can be paid through traditional funding sources. Other families with unique needs could require the development of an individualized resource. These efforts can be performed in response to a concern of children's safety or crisis intervention, or they could be performed in conjunction with case planning which address identified areas of risk for future maltreatment using Structured Decision Making tools. The following are some of the services which families may be referred to, provided with, or agree to in order to prevent out-of-home care: Intensive In-Home Services, Family-Centered Services, Community Service Referrals, Children's Treatment Services (Supplemental and Mental Health Contracts), family arranged care, resources to meet intangible needs, crisis nursery, community respite care, and orders of protection.

Intensive In-Home Services

The Division provides a vast number of services to prevent removal or re-entry into foster care. One of the longest standing programs is the IIS program. IIS is a short-term, intensive, home-based, crisis intervention program that offers families in crisis an alternative to out-of-home placement.

A preliminary IIS screening is required on all cases when a worker plans to recommend the removal of child(ren) except in the following situations:

- When a child cannot be adequately protected during the referral and assessment process and must be removed in an emergency; or
- When all caregivers have indicated they will not cooperate with Intensive In-Home Services (IIS).

Division staff provide intense, time-limited family preservation services to families for 25 percent of the accepted cases and purchases services through contractors for 75 percent of the

remaining accepted cases. Referrals are accepted 24 hours a day, seven days a week. An IIS Specialist carries two cases and assesses the family within 24 hours of referral. If the family is deemed appropriate, services begin immediately. Cases will not be opened for families when safety of the child cannot be assured. The IIS specialist is available to the family 24 hours a day, 7 days a week. The intervention is intensive with twenty hours a week or more devoted to each family. An average of eight to ten hours per week of face-to-face or telephone contact with families is expected. Services are time limited lasting four to six weeks.

Progress Since Round One:

In 2005, the Family Assessment Packet was improved to include a more thorough and comprehensive assessment of the family. The CD-14 and related tools are designed to facilitate a family-centered approach to assessing family structure, strengths, supports and service needs.

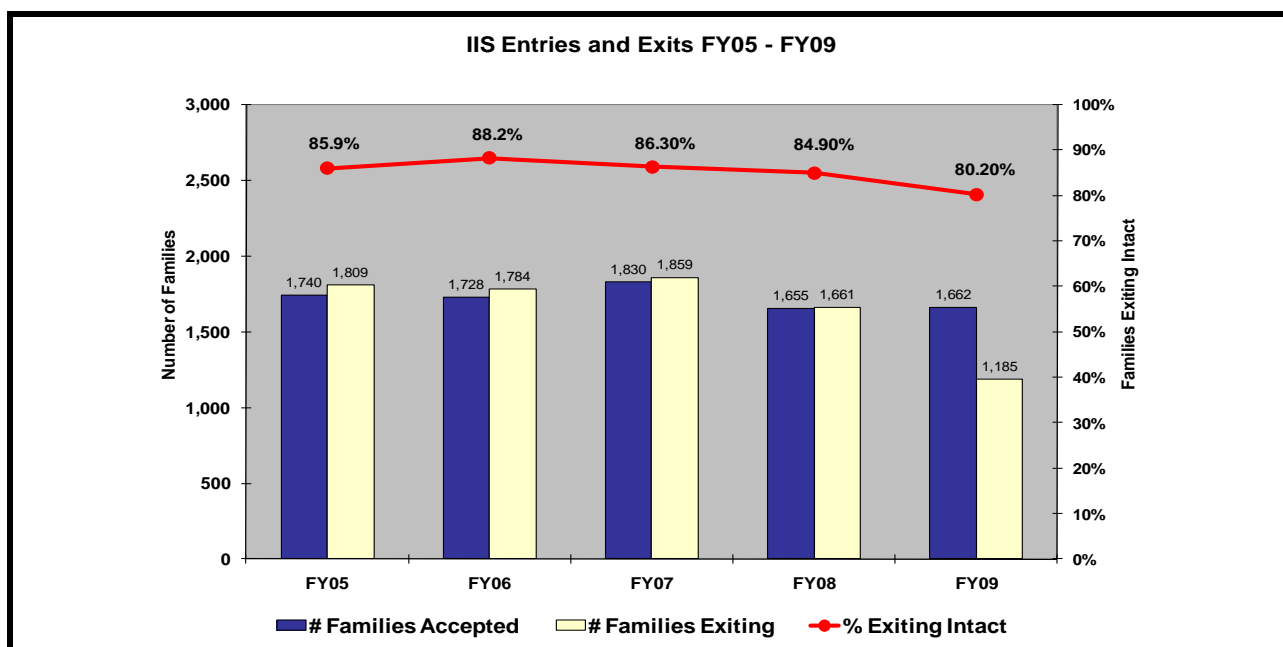
In 2005, a supplemental supervisor training was created to demonstrate how to be an effective supervisor. The goal of the training was to make supervisors feel more confident in their role of leader and coach. The training provides components of clinical supervision and case consultation.

In November of 2008, the IIS program was phased into Missouri's SACWIS system – FACES (Family and Children's Electronic System). Within this program, the Division and contracted staff input contacts with families, family support team information, family assessment and resource information. This new information system is intended to streamline the IIS program statewide. In addition, the new system has promoted better communication between CD and contracted IIS providers as all parties have access to the same information regarding the IIS intervention. The new system also captures follow up at 3, 6, and 12 month intervals following IIS intervention. From a data standpoint, we can see the percentage of children who remained at home at the various intervals.

Measure of Effectiveness:

IIS services program is available to all Missouri's 45 circuits. The IIS program has successfully diverted a significant number of children from entering alternative care. In the 2009 Annual Report, Table 43, as shown in the chart below, between 2005 and 2009, over 80% of families remained intact at the end of IIS intervention. There has however, been a decline since 2007. 2007 was 86.3%, 2008 was 84.90% and 2009 was 80.20%. It is not yet known why this downward trend is occurring. The data supports that good assessments and proper identification of services are occurring and the families are successful. See Figure 5 for chart on IIS exit data.

Figure 11: Research and Evaluation, IIS Families and Exits



At the end of an IIS intervention, surveys are sent to families for their feedback. Feedback is reviewed, and practice and process changes are suggested to policymakers. In the following table are survey results for all program areas regarding services provided.

Table 6: Consumer Survey Information, 2004-2009

Statement	Percent Agree
IIS Program	
My family and I were able to set our goals.	79%
IIS helped keep my family together.	71%
We received services when we needed them.	78%
Other services we received helped our family	72%
My family and I know where to get help in the future if we need it.	81%
Family Centered Program	
My worker encouraged all family members to participate in case planning.	57%
My family and I are able to help plan for the services we need.	55%
We received services when we needed them.	52%
The services from CD and/or other agencies are helping my family and me.	56%
My family and I are satisfied with the help we are getting from CD.	51%
My family and I know where to get help.	60%
Investigations and Assessments	
Did you and your family get services? If yes, the services helped my family and me.	65%
We received the services when we needed them.	61%

Survey results were halted during conversion to the FACES system and created of void of information for program managers. The above consumer information is a compilation of all the data since we began sending surveys. Due to the recently re-start of consumer survey activity, the consumer survey information has not yet been used in program considerations.

To show the efficacy of the agency in providing services to prevent removal of children, data was pulled by the research and evaluation unit to show families who had a Family-Centered Service case and later entered IIS. In 2004, only 858 families had an open case and later entered an IIS intervention. The number of families with an open case who later had an open IIS case hit a high point in 2007 with 1042 families. So far in 2009, there are 995 families who entered IIS had a previous open case with the Division. This further supports the Division's attempts to exhaust all services, including IIS, to prevent children from entering the Division's custody.

During recent CFSSR mock site reviews, 89% of the cases reviewed found adequate services in place to prevent removal or re-entry. Additionally, the Supervisory Case Reviews (SCRT) outcome for Item 3, services to family to protect children in home and prevent removal was 95% found a strength in the cases reviewed in 2006; 96% a strength in 2007; 97% a strength in 2008 and 98% a strength in 2009. The SCRT selects cases from all program areas through a random selection process.

Strengths:

As the data reflect, since round one, IIS interventions conclude with more than 80% of the families with children at-risk of removal remaining in their homes. While the IIS contract is a performance-based contract, little difference is noticeable between in-house and contracted cases, thus implies the program is delivered in a like manner. In addition, the agency does not view the IIS program as a one-time opportunity. If a family requests a family-centered service program but factors change and a child is at risk of removal from the home, referrals to the IIS program can still occur.

Challenges:

Engagement of children and families by workers is a continued area of focus for the Division, which has significant bearing on the success of an intervention. In addition, families can be resistant to change and suspect of probing questions needed to do a thorough assessment. Without the skill level to move beyond the family's resistance, it is very hard to engage them in the change process.

Another challenge is the resource availability. For instance, mentoring programs are not available in all parts of the state. And transportation to and from the service might not be readily available in some areas. There is more information regarding service availability in Items 35, 36, 37, Service Array.

Item 4: *Risk assessment and safety management.*

How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

Round One Result: Item 4 was rated as an Area Needing Improvement because in 28 percent of the applicable cases reviewers determined CD had not made diligent efforts to address the risk of harm to the children. A key concern was services were not being provided to address potential areas of risk in the family.

Policy Requirement:

One of the first decisions that Division staff must make when receiving and intervening in a child abuse and neglect report is the *safety* of the child. Child safety must be assessed from the initial call and continually throughout the Division's involvement with the family. There are certain prescribed times when this analysis of safety should occur but it must also be recognized that staff should be making a decision on safety every time they speak with the child or the family. Staff must recognize the role of the safety analysis, the key steps in assessing safety, and how to determine if a child is safe. If it is determined that a child is not safe then staff must implement an appropriate intervention that will result in safety.

In addition to safety, assessment of risk begins at the point a CA/N report is made and permeates the entire FCS process. In order for the FCS process to be effective, it must be related to the original risk assessment. Missouri uses a structured decision making (SDM) risk assessment tool to identify families, which have low, moderate, high, or very high probabilities of future abuse or neglect. The SDM risk assessment tools are only used for families in which there are children in the home. SDM risk levels are used to determine if a case is opened for Family-Centered Services, how quickly an FCS worker is required to make initial contact after a case is opened and the minimum monthly frequency an FCS worker is required to meet with the family. Ultimately the crux of family-centered services is to provide the family with comprehensive family assessment and treatment planning that promotes long term change and lowers the probability of future maltreatment. The risk re-assessment is used to assist workers in evaluating whether risk levels have decreased, remained the same or have increased since the initial risk assessment.

Risk and safety issues are assessed for children in out-of-home care through quality visits. Missouri provides guidelines to ascertain risk factors through two avenues, the child visits and the resource home visit. The child visit would consist of: discussion about long-term goals for youth; questions about family, feelings about family; talk about friends and interests; safety and well-being (relationships); discussion about services received or plan to receive; discussion regarding their current placement. The resource provider's discussion would be around the child's well-being and living arrangements, the child's sense of grief and loss, the child's relationship to family members, and the child's special interests, education, physical health, etc.

Extensive improvement efforts have occurred over the past three years to improve staff performance on worker visits with children and providers. Visits are correlated with child safety in the placement and child well-being. Visit policy includes regular safety and risk assurances during the visit.

Progress Since Round One:

In 2005, the state developed a plan to ensure consistent and accurate completion of Structured Decision Making safety and risk assessments and to implement enhanced background screening for resource providers.

December 9, 2005, Memo [CD05-72](#); The purpose of this memorandum was to introduce the new (CD-14) *FCS Family Assessment Packet* and revised policy and procedure for investigation/family assessment response; Family-Centered Services family assessment and service planning and Family-Centered Out-of-Home Care policy. The revisions included:

- The expanded requirements for minimum contact standards for in-home cases, a standard established with the introduction of Structured Decision Making (SDM) in December of 2003, in order to assure that families with the highest risk levels were seen with the most frequency. This memo required minimum contact standards to go into effect at the time the investigation/family assessment was concluded or the date the delayed conclusion was entered into the system.
- (CD-14) FCS Family Assessment Tool – A systemic family-centered tool designed to encourage family engagement and yield rich, essential information about the family’s past and present functioning; and their beliefs and concerns about the future.
- The CD-14A Family Functioning Assessment/Reassessment tool - A comprehensive family functioning assessment tool which assists the worker in processing information gathered from the systemic tools, worker observation, provider and collateral contact, family history and engagement with the family. The CD14 A addresses family functioning under nine domains (Basic Needs, Caregiver Ability, Educational/Vocational, Physical Health, Mental Health, Substance Use, Family Interaction, Criminal/Legal and Child Well-Being). After using the CD-14A for initial assessment for case openings the CD-14A is repeated every 90 days until the case is closed as a family functioning re-assessment tool.
- Risk Reassessment – A revision to policy to require that the CS-16E Risk Reassessment to be used every 90 days. Re-assessment of the family every 90 days allows the worker to measure progress or identify changes in certain sub-factors that impacts family functioning in a positive or negative way.
- (CD-14D) Termination of Service/Aftercare Plan – This policy introduced the CD-14D to enhance the development of after care plans for families when the case is closed. The tool was designed to develop an aftercare plan with the family including services/support remaining in place that will maintain positive changes.
- The introduction of family support team meeting for intact families. Although family support team meetings are an integral part of the family out-of-home process, there are many intact families with multiple needs who could benefit greatly from family support team meeting. FST meetings for intact families are not a new concept and being used regularly as an option in various parts of the state. Workers are discovering that by bringing together the necessary formal and informal participants, a family support team process can assist the worker in moving the family closer to achieving and maintaining positive change and reducing the risk for future maltreatment or the need for out-of-home care.

On April 11, 2005, the *Missouri Division of Family Services Structured Decision-Making (SDM) Case File Review Results* were completed by the Children's Research Center. (Children's Division memorandum [CD05-21](#)) This initial review consisted of 27 cases randomly selected throughout the state. Although the sampling was small, the filing of the results led to numerous questions and comments from field staff. In addition, circuit staff began to request additional or "refresher" training for the SDM tools. In an effort to provide the most proficient training to field staff, a second, circuit-wide SDM case review was requested to help identify specific regional training needs.

On March 27, 2006, Division memorandum [CD06-34](#) *Implementation and Clarification of "Newborn Crisis Assessment" Policy and Procedure*, introduced revised Newborn Crisis Assessment policy and procedure and the Newborn Crisis Assessment Tool (NCAT) and instructions. The NCAT was derived from a tool first developed in Jackson County and later revised in the greater St. Louis area to assess mothers and families where a child has been born drug exposed. In accordance with the federal *Child Abuse Prevention and Treatment Act (CAPTA)* requirements, the SDM Safety Assessment was added to the tool and required in policy.

On November 14, 2007, Division memorandum [CD07-66](#) *Risk Assessments, Prior History, Domestic Violence, and Collateral Contacts* - The purpose of this memorandum is to reiterate the importance of using the Risk Assessment, prior history, domestic violence, and collateral source information in determining the level of intervention necessary with a family. This memo also addresses the need for clear documentation and supervisory approval in situations where the family has been determined to be a high or very high risk level, when considering to close or not to open a case.

Measure of Effectiveness:

From May 2009 to Sept 2009, combined mock CFSR results for Item 4, 72% of the cases were rated a strength. In order to gain a complete understanding of the mock data, the 48 cases were broken out by in-home (10 cases) versus out-of-home (38 cases); the results were 71% a strength for in-home and 71% a strength for out-of-home. Therefore, regardless of the program area, Item 4 outcome is identical. In addition, the outcome remains relatively unchanged from the round one result of 72%.

The SCRT outcomes for 2006 for Item 4, risk and safety assessment were 70%; 2007, 86%; 2008, 92% and in 2009 are 93%. These outcomes are trending in a positive direction but cannot be compared to the first round or mock site results due to the tools are not comparable. The SCRT questions only focus on intact families.

For the past several years Missouri uses a SDM tool to assess risk and safety, but was not able to aggregate the findings until the SACWIS system was modified. Currently data is now accessible for both the safety assessment and risk assessment and provided by the Department's Research and Evaluation unit.

Table 7: Research and Evaluation Safety Assessment Data, Calendar Yrs 2007 & 2008, and through Oct 29, 2009.

Year	Number of Cases w/completed Safety Assessment	Safe	Conditionally Safe	Unsafe
2007	43,489	81.42%	15.77%	2.81%
2008	47,100	81.40%	16.04%	2.56%
2009 (as of Oct 29, 2009)	38,311	81.43%	15.95%	2.62%

As Table 7 shows, practice is relatively consistent in determining safety due to the percentages being stable across the last three years. Keep in mind, risk (re)assessments are completed more than once during the life of a FCS cases, however this information is only from the period while the CA/N report is being explored. The risk assessment outcome determines case management criteria for the FCS program, such as timeframe for opening and minimum number of visits needed each month.

An electronic report to monitor worker frequency of visits with children is available on an individual case level basis. The supervisor monitors the workers through the worker visits to determining visits practice and accurate entry into the FACES system. It is expected, every circuit have a goal in their local PIPs to increase the frequency of worker visits with children. Visits are also included in case reviews, including PRR and SCRT reviews. Documentation of visits is to include written explanation of the worker's assessment of the child's safety and risk in the placement from the visit. This would be included in the narrative of the visit contact. Additional information on progress made on worker visits with children is included in item 19.

Strengths

Missouri has a formal safety and risk assessment process in place for investigations, assessments, and FCS program areas. Investigations cannot be concluded in the electronic information system (FACES) without completing the safety assessment. The tools allow supervisory discretion for overriding the risk level to a more severe level, however, the risk level cannot be decreased.

Challenges

Documentation is a continued challenge for monitoring safety and risk assessments completed by staff. While forms are available, staff are not consistently using them as intended within specified reassessment periods, with sufficient supervisory input or oversight, or not entering the information into FACES in a consistent manner.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: *How effective is the agency in preventing multiple entries of children into foster care?*

Round One Result: **Item 5** was assigned an overall rating of Strength based on the following:

- In 100 percent of the applicable cases, children entering foster care during the period under review were not entering within 12 months of a prior foster care episode.
- The data from the State Data Profile indicate that Missouri's re-entry rate of 8.5 percent (the percentage of children entering care who were entering within 12 months of discharge from a prior foster care episode for FY 2002) meets the national standard of 8.6 percent or less.

Policy Requirements:

In an effort to reduce the possibility of a child re-entering foster care after being reunified, policy requires workers to increase the frequency and duration of visits for both parents and children during a trial home visit. In addition, an aftercare plan should be crafted listing specific needs for the family and the child. Depending on the age of the child, there are enhanced steps a worker must address or put in place to support the reunification efforts. For instance, foster parents are involved with the transitioning activities, and private discussions with the child are held to address fears, anxiety, expectations, responsibilities and safeguards ensuring safety, among others.

The Family Support Team (FST) makes the recommendation for a child to return home. In making this decision, the FST looks at the parents' readiness for reunification based on the services provided and progress reports. In addition, in an effort to assure stability and prevent re-entry, the Children's Division tries to ensure that before a child is sent home with their parent(s), the family has all the necessary services and supports in place.

Family Reunification Services provide intensive support services to prepare families for reunification. Additional discussion about Family Reunification Services is included in Item 8.

Once a child is reunified, the worker is required to discuss and document positive behavioral changes in the family's functioning and reduction of risk, challenges to maintain positive growth, family's strengths, supports/services (both formal and informal), the family's ability to access support systems and resources independently, and any remaining problem areas.

In addition, the agency tries to prevent multiple entries of children into foster care by using preventative services including IIS, FCS, referrals to community resources, and other services as previously noted in Item 2. The agency exhausts all preventative services prior to the child's re-entry into care.

Progress Since Round One:

Since the last statewide assessment, numerous initiatives between the Division and the court have begun to look at reducing the re-entry rate. In the 35th Circuit, the Division and the juvenile office reviewed all the cases of children in that site who re-entered to see what might have been

done differently to prevent the re-entry. One of the findings is to provide more intensive services and supports at the time of reunification to ensure that the child stays home once placed at home. Another finding is to increase training for staff to better identify strengths and needs. In addition, the Division has focused more efforts on reunification readiness to make sure the child did not return home until the family was completely ready to care for the child. Further, workers are encouraged not to request termination of jurisdiction from the court until it is believed the family can manage without the Division's involvement.

Measure of Effectiveness:

The Division has continued to improve each year since 2004 with regard to the number of children who re-enter foster care after being sent home on a trial home visit. In 2004, 25.7% of children who returned home on a trial home visit re-entered care within 6 months of returning home. In 2009, 13.9% of children who returned home on a trial home visit re-entered care.

Internal data on re-entry into foster care has shown improvements since 2005 (Table 8). However, there is a discrepancy between internal re-entry counts and the data profile derived from AFCARS transmission. Internal re-entry data is based on a calendar year while the data profile is based on a federal year and might account for some discrepancy. In addition, internal data only count children classified in the care and custody of the Division while the AFCARS transmission includes children in temporary custody with their adoptive parents which again may account for some discrepancy. To gain better perspective, Missouri requested a numerator and denominator counts from the Children's Bureau for state data profile results for 2007 and 2008. From this information, it was determined there were 8 circuits performing over the 25th percentile and 3 more were borderline high for both 2007 and 2008. The Division plans to determine if there are any similarities in the case data for these 11 circuits. To add to the discrepancy, during the six mock site reviews, Item 5 resulted in a score of 94%, which is a strength. As shown in table 8, wide variances exist from varying data sources. Missouri will need to explore data pertaining to re-entries more extensive. It is strongly possible that AFCARS mapping issues are related, which will be included as part of the Division's exploration of this issue.

Table 8: Children's Division Child Welfare Outcomes Report, 20004-2009 Measures 9 and 14, Children's Bureau's numerator and denominator

Year	Fed Re-entry Rate	State Measure #14, Re-entry Rate	Fed # of Re-entries	State Measure #14; # of Re-entries	Fed # of Exits	State # of Exits, Measure #9
2004	N/A	8.88%	N/A	1,531	N/A	6,933
2005	N/A	10.38%	N/A	1,452	N/A	6,655
2006	9.7%	9.44%	N/A	1,299	N/A	6,729
2007	7.9%	8.62%	308	1,201	3,876	6,136
2008	11.4%	8.51%	345	1,030	3,026	5,651
2009	15.0%	8.26%	N/A	1,105	N/A	5,533

Strengths:

The agency attempts, whenever possible, to ensure that the case is not closed until the family can succeed on its own. Many times, re-entry is caused by the agency not putting enough supports in place the first time to ensure that the child remains safely at home. Thus, the agency tries to ensure that sustainable services are put in place to accommodate for the Division's exit from involvement.

Challenges:

Determining if the information transmitted for AFCARS is mapped accurately will be a challenge. Missouri has made significant advancements in the AFCARS data since the AFCARS review held in 2008 and continues to correct issues through a two year AFCARS improvement plan.

One of the barriers the Division faces involves families who do well while the Division is involved, but are unable to maintain successful functioning without continued support. One solution is to continue to focus on improving supports for the family so they will have adequate sustainability in their time of need. This sustainability is especially important during the aftercare services as families often disengage after the return of their child.

Jackson County continually shows a re-entry rate significantly higher than the federal standards. This is largely due to the practice in some instances, where the child is placed in Division care and custody for a brief time while relative placements are explored. The court later will order the child placed into the care *and legal custody* of a relative or kinship provider while the Division maintains supervision. If the relative decides to become licensed, the child is then returned to care and custody of the Division to allow the relative to receive maintenance for the placement. These legal movements result in entry and exit counts, even though the child remains in the same household. This practice needs to be explored further and discussed with the courts to determine alternatives.

Promising Approaches:

Through the Fostering Court Improvement project, some circuits continue placing efforts on reducing their re-entry rate. Strategies are developed and effectiveness is measured through in-depth case reviews. This has been completed in Circuit 13 and 22.

As an example, FCI teams discuss and address factors leading to re-entry rates. Data targeting specific issues are routinely used during FCI team meetings to measure progress on their improvement strategies. Additional information on the Fostering Court Improvement project is included in item 31.

Item 6: Stability of Foster Care Placement

How effective is the agency in providing placement stability for children in foster care?

Round One Result: **Item 6** was rated as an Area Needing Improvement; 20 cases (77%) were found a strength and 6 cases (23%) were found an area needing improvement. In 5 cases the child experienced multiple placement

changes; 1 case the agency did not make concerted efforts to prevent a disruption; and 2 cases where the placement was not stable.

Policy Requirements:

In Missouri, a Family Support Team (FST) Meeting is one mechanism to monitor children in out-of-home placements. FSTs must be held prior to any action relating to the change in placement of a child in the Division's custody. The FST should determine if additional services can be put in place to prevent the change of placement, and if not, they should review the Resource Family Profiles of potential resource providers and select the most appropriate placement for the child. When the welfare of a foster child requires an immediate or emergency change of placement, the Division places a child in a temporary setting and schedules a FST meeting within 72 hours.

Other activities which support placement stability includes worker visits with the child and the placement resource provider. See items 19 for additional information on worker visits with children.

Progress Since Round One:

According to the Missouri Child and Family Services Review Data Profile created January 29, 2010, Missouri has far exceeded the national standard for the placement stability composite and have a current ranking of first in the nation, for 2007, 2008 and 2009. When exploring what has changed since the first CFSR, it was determined there is no one single event impacting this measure but rather a culmination of many events and activities. For instance:

- In 2003, a memorandum was sent to staff regarding various search engines available to assist in locating absent parents, which led to identification of relatives
- In 2004, new law and policy was enacted regarding diligent searches for bio parents
 - Staff will use the federal parent locator service
 - Memorandum of Understanding was agreed to by the Division and the Missouri Department of Revenue regarding the locating absent parents
 - Policy was developed which requires absent parent searches be made every six months
 - Placement Stability Family Support Team Meetings were required to be held before a child is moved, except in emergency situations, they must be held within 72 hours
 - Team considers the factors contributing to possible change of placement and addressing specific factors with placement providers
 - Team considers the child's placement needs, the needs of the placement provider, and identify additional supports or service to maintain placement
 - Team evaluates the child's service and treatment needs if the current placement cannot be maintained
- In 2004, The Collaboration to AdoptUSKids launched a national media campaign to focus on recruitment of resource providers for older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist the families in getting enrolled in training.
- In 2004, surveys were developed by resource workers to send to resource providers who ended their relationship with the agency, or when a child moved from their home. The

results of these surveys were used in meetings with the National Resource Center for Family Centered Practice and Permanency Planning. The NRC provided technical assistance to the agency to enhance efforts towards improving placement stability.

- In 2005, new placement codes were in place to better identify relative and kinship placements
- In 2005, resource contracts were developed
 - Resource contracts were used to develop resource providers to meet individual circuit needs
 - Contractors recruit and train foster/adoptive parents in competency based skills
- In 2005, performance based case management contracts incorporated permanency targets
- In 2006, the Division conducted a survey of our relative and kinship caregivers to determine what the agency can do to improve training and support provided to the relative and kinship providers.
- In 2007, relative and kinship providers training was revised to better meet the needs of the caregivers. Many of the revisions were the result of a statewide survey completed by relative and kinship providers.
- In 2009, per state statute, searches of grandparent are to begin immediately following a decision to remove child
- In 2009, all 45 circuits prepared a readiness assessment and developed a local program improvement plan, resulting in a majority of circuits strategically planning activities to improve placement stability
- In 2009, Missouri received accreditation, affirming it meets standards that focus on permanency, such as:
 - Standards require that foster homes located in safe communities that reflect child's ethnic background
 - Standards recommending/requiring children should be placed in close proximity to home and community
 - Standards restrict number of children in foster homes and require documentation which ensure needs of all children are met
 - Organization provides adequate pre and in-service training to foster parents
 - Standard requires once-a-month visit with children and foster parents
 - Standards pertaining to the organization employing criteria to match prospective foster parents with children through examining child's and foster parents' strengths and needs
 - Standards place emphasis on exploring relative placement options first (before considering regular foster homes or residential homes).

While the above list relates to very specific activities, there are general, broader events taking place such as:

- The Division is moving away from using emergency placements whenever possible
- Fostering Court Improvement Teams discuss placement stability in regular team meetings
- Many articles in the *In Focus Newsletter*, established 2005, emphasize the importance of stability for children in foster care
- Constant encouragement is given to staff to use relative placements whenever possible
- COA Standards promote the least amount of moves for children in care

- COA Standards, as well as CFSR, stress the importance of collaboration. Therefore, many circuits have developed foster parent newsletters and regular meetings which enhance foster parents skill level

In addition to the above influences, following the AFCARS review, Missouri is not counting the first placement if the child is in a hospital setting, which should reduce the placement numbers slightly.

Measure of Effectiveness:

Missouri's Outcome Measure 13a, was created prior to the first round of the CFSR to monitor children with two or fewer placements who have been in care 0-12 months. Table 9 illustrates progress.

Table 9: Children's Division Child Welfare Outcomes Report, Outcome Measure 13a

Year	Children in FC 0-12 months	% with 2 or Fewer Placements
2004	7,751	77.20%
2005	7,454	77.18%
2006	7,099	79.80%
2007	6,500	80.71%
2008	6,201	80.79%
2009	6,153	83.05%

As the table shows, there is a steady increase since 2005 (higher percentage is better) for children with two or fewer placements. A change of practice is occurring on both ends of the spectrum according to internal data, that is, fewer children are entering care, and more children are experiencing fewer moves.

In addition, data from Outcome Measurement #13 shows the average number of placements a child experiences while in foster care has gone down in the last few years from 3.26 average moves in 2006 to 2.99 moves in 2009. Internal data is currently showing the fewest average number of moves in 5 years.

Permanency Composite 4, Measure C4-1, two or fewer placement settings for children in care for less than 12 months has exceeded the 75th percentile since 2007. When looking at our first time entry cohort group (pg. 14, Data Profile), the number of children has increased each federal fiscal year (timeframe differs from the table above), while those experiencing one placement setting has increased. This data is supporting the practice changes mentioned above, including discouraging the use of emergency placements whenever possible, calling a family support team meeting quickly to determine the best possible solution for the family, and using relatives as placements whenever possible. These same practice changes have influenced practice overall and most likely affect Missouri's Measure C4-2 and C4-3, as scores are very high since 2007 for all three elements included in the data profile.

The recent six mock site reviews resulted in a strength score of 71% which is not quite as good as the composite data. Reasons for the slight discrepancy can be contributed in part to the OSRI question regarding "planned" placement changes. If the case documentation did not include

plans describing the move or situation surrounding the move or had cases requiring moves for children to remedy an emergency situation, this would have resulted in a lower score.

Strengths:

In 2007, new contracts were issued for the Transitional Living Program which included a provision that contractors must provide services to pregnant and parenting youth, including services for male youth who are parents, to help them prepare for parenting and self sufficiency.

As you can see in the progress since round one section of this item, there has been a heightened focus on the impact to children when they are moved and the importance of being playful when moves are inevitable. In addition, focus is on supplanting and adding more support to foster parents to prevent moves and using the entire family support team to make good placement decisions when a placement cannot be maintained.

Challenges:

Missouri faces a challenge to recruit and retain good resource providers who are willing to care for children with emotional and physical issues. There are multiple county and circuit initiatives with a goal of recruiting resource providers to meet the individual needs of the circuits.

Missouri has emergency residential facilities and emergency foster homes. Some staff uses these short term homes as a form of convenience for placing the child which causes a problem when counting placements and this affects placement stability outcomes.

Item 7: Permanency goal for child

How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Round One Result: **Item 7** was rated as an Area Needing Improvement; as 17 cases reviewed, or 65% were found a strength and 9 cases or 35% were found an area needing improvement. This was due to 18 of the 26 children reviewed had been in foster care 15 out of the most recent 22 months and only half of the these cases had a TPR filed or an exception noted in the case file.

Policy Requirements:

At the time of a child's entry into out-of-home care, the child's case plan must be developed specifying the services to be provided by the agency and others toward the goal of permanency. Each case plan should include the primary permanency goal and where appropriate, a concurrent plan in the event that the primary case goal cannot occur.

Policy requires staff to develop a child's permanency goal within 30 days of custody. The goal drives the case plan therefore, it is imperative that the goal be determined in a timely manner. Reunification is generally the primary permanency goal when a child enters care. The other permanency goals are: guardianship, adoption, placement with a fit and willing relative, and another planned permanent living arrangement (APPLA). Guardianship and adoption are legal and more permanent options and should be considered for the permanency goal prior to utilizing placement with a fit and willing relative or APPLA. The Family Support Team, when deciding

the most appropriate goal, should assess the child's and family's functioning and situation, especially considering:

- a. If the parent's ability to meet the physical, social, emotional, medical, educational and safety needs of the child;
- b. If the parent(s) has rectified the conditions that led to out-of-home care;
- c. The impact on the child and family of experiences with past abuse and/or neglect on the child and family;
- d. The child's current level of functioning and any special needs;
- e. The level of parental functioning, family relationships, communication patterns, conflict resolution skills and children's relationships;
- f. The parents' and child's strengths, resources and potentials that can make reunification possible. Special appreciation should be given to the strengths and resources in families whose lifestyles, family styles and child rearing methods differ from that of the Children's Service Worker or other members of the Family Support Team;
- g. Support and/or services available to the family through natural helpers, the Division and the community;
- h. Family problems which impede permanency, i.e., mental illness, substance abuse, domestic violence, homelessness, etc.;
- i. The relationships between the parent, placement provider, Children's Service Worker, and child which promote or impede permanency;
- j. If the child has been in foster care for 15 out of the most recent 22 months and factors exist which trigger the mandatory filing of a Petition to Terminate Parental Rights (TPR). If this is the case, then the worker and the FST must review the case to determine if there are compelling reasons or why the filing of a TPR petition is not in the best interests of the child.

The Family Support Team/Permanency Planning Review Team, which includes the juvenile officer and an outside objective party, must review the permanency goal at each meeting which occurs within six (6) months of entering custody and every six (6) months after.

The Division also uses the Concurrent Permanency Planning method. Concurrent Permanency Planning expedites permanency and reduces the number of placement changes children experience in alternative care. Concurrent Permanency Planning should begin within 24 to 72 hours of a child's removal from the home and is discussed at every Family Support Team meeting as long as a concurrent permanency plan is required, which is when the primary plan is reunification. Concurrent Planning is optional for the primary plans of adoption, guardianship, placement with a fit and willing relative, and APPLA.

Progress Since Round One:

In 2004, new law and policy was developed around Family Support Team (FST) meetings. The law dictates who must be invited to the meetings such as: parents, legal counsel for the parents, foster parents, legal guardian for the child, GAL, and CASA. Family members or other community providers are invited at the discretion of the family. The new law also requires the Division to arrange a FST meeting prior to or within 24 hours following the protective custody

hearing. In addition, the law set forth a confidentiality statement to be followed by all members of the team.

Poor communication between the courts and the agency was a finding in the CFSR round one final report. As an attempt to remedy this situation, a proposal for continued multi-disciplinary training between the courts and the Division was created. The goal of the training was to enhance consistency, understanding and implementation of laws, policies, and procedures among court and Division staff. The training included effective concurrent planning.

In addition, the circuits developed plans to ensure the frequency and timeliness of Family Support Team meetings. The goal of the team is to ensure that each child has the appropriate permanency goal. Thus, by having frequent meetings, the likelihood that an appropriate goal is established is more likely. Further, these FST and PPRT meetings are to be entered into the Alternative Care Tracking System where timeliness of meetings can be monitored.

Measure of Effectiveness:

As of October 31, 2009, 94% of the children in Division's custody had a case goal, with 50% having a goal of reunification, 16% a goal of APPLA, 6% a goal of guardianship, 1% a goal of placement with a fit and willing relative, and 21% a goal of adoption. The remaining children have missing data or goals not yet established.

A change since round one is the creation of a "goal not yet established" category to allow time for the FST to make this decision within the first 30 days of custody. Before, staff were required to select a case goal based on the best information available before the team could consider all factors. This change resulted in more accurate goal setting. A reminder appears to the worker to update field when the child is in foster care for 30 days.

Table 10: Children's Division Annual Reports, 2004-2009, Table 27

Yr	% Reunification	% Adoption	% APPLA	% Guardian	% Place w/Relative	Other
FY 2004	63%	18%	9%	5%	1%	4%
FY 2005	63%	18%	1%	5%	1%	12%
FY 2006	56%	21%	14%	7%	1%	1%
FY 2007	43%	27%	19%	5%	1%	5%
FY 2008	45%	26%	18%	7%	1%	4%
FY 2009	47%	24%	17%	7%	1%	3%

Note: Other categories are" Long Term Foster Care (no longer an option); Children of foster children; Case Goal not yet established due to cases not opened longer than 30 days.

Strengths:

The Division's policy provides a 30 day opportunity to schedule a FST and agree on an appropriate permanency goal for the child in foster care. The 30 day window allows time for the worker to complete an assessment of the situation in order to provide pertinent information to the team so an educated decision can be reached. Lastly, the court has final approval on the goal choice.

Challenges:

Concurrent Permanency Planning does not always continue throughout the life of the case. Therefore, the emphasis for good supervisory case reviews to monitor progress continues to be an important need. This review process creates a consistent reminder about the status of concurrent permanency plans and explores other options available to the family.

Promising Approaches:

The Concurrent Planning Checklist (CD-139) was created, adapted from the National Resource Center for Foster Care and Permanency Concurrent Planning Training Guide, and introduced in November of 2009. The intent of the checklist is for staff to use this optional tool as a reminder for completing permanency preparation tasks for concurrent permanency planning. Since this optional tool and is not incorporated into our FACES system, determining its usage will be difficult.

Item 8: Reunification, guardianship, or permanent placement with relatives

How effective is the agency in helping children in foster care return safely to their families when appropriate?

Round One Result: **Item 8** was rated as an Area Needing Improvement; 8 cases reviewed (50%) were found a strength and 8 cases (50%) were found as an area needing improvement. In 50 percent of the cases, reviewers determined no diligent efforts to attain the goals of reunification or guardianship in a timely manner and the State did not meet the national standard of 76.2 percent or more to reunify within 12 months (65.9%).

Policy Requirements:

The Division places a strong emphasis on helping children in foster care return to their families when appropriate. Reunification is generally the primary permanency goal when a child enters care.

When determining reunification readiness, the Family Support Team should consider:

- The parent's ability to meet the physical, social, emotional, medical, educational and safety needs of the child;
- The parent(s) has rectified the conditions that led to out-of-home care;
- The impact on the child and family of experiences with past abuse and/or neglect;
- The child's current level of functioning and any special needs;
- Level of parental functioning, family relationships, communication patterns, conflict resolution skills and children's relationships;
- The parent's and child's strengths, resources and potentials that can make reunification possible. Special appreciation should be given to the strengths and resources in families whose lifestyles, family styles and child rearing methods differ from that of the Children's Service Worker or other members of the Family Support Team;
- Support and/or services available to the family through natural helpers, CD and the community;

- Family problems which impede reunification, i.e., mental illness, substance abuse, domestic violence, homelessness, etc.;
- The family's and child's willingness and readiness to be reunited; and
- The relationships between the parent, placement provider, Children's Service Worker, and child which promote or impede reunification.

Guardianship is a desirable goal if the child cannot be placed back in the home with his/her parents. This allows children to maintain a connection with relatives or kin if they cannot be placed with their parents. The following should be considered when assessing guardianship:

- The Family Support Team has determined that family reunification is not likely in the foreseeable future and termination of parental rights is deemed inappropriate;
- Adoption is not an option;
- Current placement provider is able to meet the needs of the child including financial;
- Current placement is stable;
- The child's caretaker family is willing to pursue guardianship;
- The parent(s) will consent to guardianship;
- The child, if over 14 years of age, consents;
- The juvenile court having jurisdiction supports guardianship as an option and is willing to terminate its jurisdiction when such is granted; and
- The child's Guardian ad Litem is supportive of plan for guardianship.

Progress Since Round One:

In October of 2005, each circuit determined strategies with their court to expedite guardianship for children placed with relatives. Some strategies include extended communication with relatives from the beginning of the case, monthly joint discussions on cases that meet ASFA guidelines, and routinely discussing options at Family Support Team meetings.

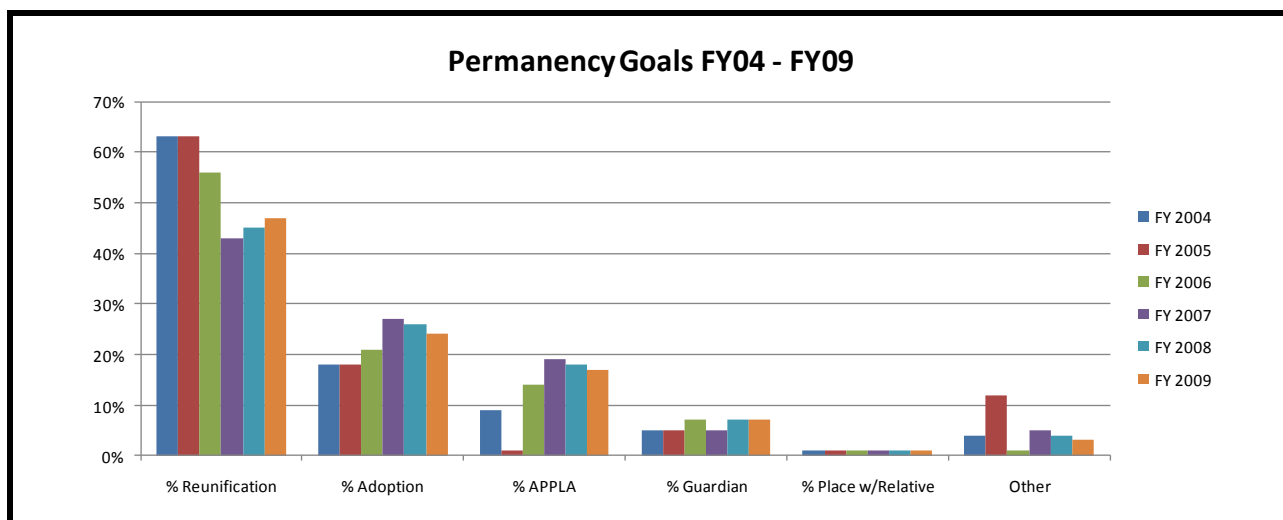
In 2005, a memorandum was sent to staff introducing new placement codes for relative and non-relative kinship providers. These codes provide the agency a better method of tracking relative and non-relative kinship providers' information separately.

Also, since the last statewide assessment, the Division has revised the policy surrounding trial home visits in an effort to return children home safely and timely.

Measure of Effectiveness:

As Figure 12 shows, "Reunification" as a permanency goal has been declining over the past five years. Conversely, "Adoption" and "APPLA" goals are on the rise. "Guardianship" and the "Place with Relative" remain fairly steady. This can be explained due to a variety of reasons including the fact that the overall population of children in care (as shown in Figure 6, General Information) has steadily decreased over time, and the older youth who remain in custody have long lengths of stay and more likely to be legally free for adoption. Also, the total number of adoptions achieved (as shown in Item 9 Table 12) have declined since 2004. Thus, reunification would not be an appropriate goal for these children and an increase in APPLA goals would be expected. However, further exploration of this is needed.

Figure 12: Children's Division Annual Report, 2004-2009, Table 27



Children placed with relatives require a more permanent solution such as guardianship or adoption in the event the child cannot be reunified with their family. The data profile for 2008 shows 18% of foster care placements are with relatives. However, this percentage may not be incorporating all the relatives as some children may be in a pre-adoptive status with a relative and may not be counted in the other population. According to the Children's Division Child Welfare Outcomes Report Measure #17, those children in the care and custody of the agency placed with a relative for 2009 is 22.60% and includes relative placements plus court order placements which receive no financial stipend. There is almost a five percent difference with some of this contributing to the timeframes in which the two percentages are derived; the date profile is based on a FFY and does not include court ordered placements; the outcomes report is based on State Fiscal Year, July 1 to June 30.

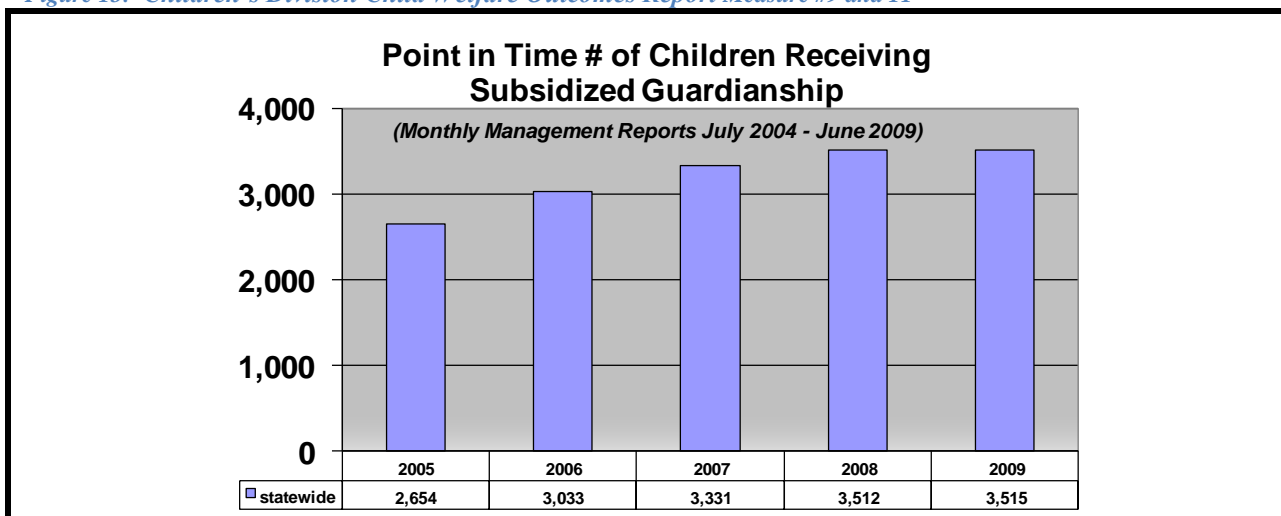
Table 11: Children's Division Child Welfare Outcomes Report Measure #9 and 11

Year	Completed Guardianships	Time to Completed Guardianships
2004	982	20 months
2005	752	20 months
2006	727	21 months
2007	676	20 months
2008	595	20 months
2009	620	21 months

Interestingly, in Table 11, the average time to complete a guardianship is not affected by the number of guardianships completed each year. In addition, the average length of time to a completed guardianship remains stable throughout the past five years. This is reflective of consistent practices and collaboration between the Division and the Courts. As mentioned before, the Children's Division Outcomes reports are based on State Fiscal Year and only counts children in the agency's care and custody. There are considerable differences between the Data Profile and the data reported here in Table 11. In the Data Profile there is a significant decrease

in the guardianship goals and significant increase in the “live with relative” goals in 2008 and 2009. This is most likely an AFCARS mapping issue and will need further exploration. And in Section VIII, Point-in-time permanency profile, there are much higher counts of guardianship discharges than Table 11 illustrates. Some of the differences could account for the varying timeframes as Missouri has more completed guardianship in the summer months. Given the SFY begins in July. Further exploration of this data is needed.

Figure 13: Children’s Division Child Welfare Outcomes Report Measure #9 and 11



The chart above demonstrates a consistent increase in number of subsidized guardianships over the past five years. Keep in mind the increase of subsidized guardianship will not be in step with the number of guardians as the qualification for this subsidy is not applicable to all guardians. In order to qualify for the subsidized guardianship you must be a grandparents, aunts, uncles, adult siblings and adult first cousins.

Strengths:

A state strength is the use of the Intensive Family Reunification Services (IFRS) program. IFRS is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. The goals of IFRS are to assist the family in removing barriers for the return of their child(ren), assist in the transition of returning the child(ren), and to develop a plan with the family which will maintain the child(ren) safely in the home for at least one year following the intervention.

Division and contracted staff provide intense, time-limited family reunification services to families and meet with families within 72 hours of the IFRS referral. An IFRS Specialist carries no more than three families at any given time with a minimum of thirteen families served annually. The intervention is intensive, averaging 13 hours per week, per family and specialists are available to the family 24 hours a day, 7 days a week, usually for 60 to 90 days. Because of the increased success of the program, in September of 2008, the state added 8 new sites.

In November of 2008, the IFRS program was incorporated into the FACES (Family and

Children's Electronic System), which will provide data regarding how many kids were reunified and their status at 3, 6, and 12 months. Following their status after closure will determine whether the family remained intact and thus ascertains the program success.

Another strength for Missouri is the Subsidized Guardianship program. Children receiving Guardianship Subsidy in Missouri must meet certain eligibility requirements:

- Be under the age of 18 at the time of adoptive placement
- Be in the custody of the Children's Division, Division of Youth Services, Department of Mental Health or a licensed private child placing agency at one point in time.
- Be considered a "special needs child"

Missouri serves approximately 3300 families through guardianship subsidy annually. Guardianship subsidy is a catalyst for relative and kin providers to pursue legal guardianship as opposed to only being available as a placement resource.

As with other items, the Fostering Court Improvement Initiative and strong collaboration efforts in most areas of the state between the Division and Courts is a strength for Missouri.

Challenges:

One of the barriers to achieving guardianship is the court caseloads. All guardianship cases go through probate court while timeliness of these filings has improved in the last two years; it continues to be a problem in some areas.

The inability to offer subsidy for children age 18 or older who wish to have a guardian but have not yet done so prior to their 18th birthday can be a barrier to finding a willing guardian.

Promising Approaches:

The Division is currently pursuing policy and writing an Administrative Rule that will extend eligibility for legal guardianship subsidy to include great-grandparents, great-aunts and great-uncles in addition to the formerly allowed relatives: grandparents, aunts/uncles, adult sibling and first cousin. The Division's intent is that this will lead to permanency for more children in Missouri.

Item 9: Adoption

How effective is the agency in achieving timely adoption when that is appropriate for a child?

Round One Result: **Item 9** was rated as an Area Needing Improvement; 1 case (12.5%) was found a strength and 7 cases (87.5%) were found as an area needing improvement. 2 of the 8 applicable cases did not reach final adoption within 24 months. The State did not meet the national standard of 32% for final adoptions to occur within 24 months of coming into foster care (30.3%).

Policy Requirements:

The Division has a goal to achieve permanency for all children in their care and custody. Adoption is one of the desired outcomes for children who cannot be reunified with their families, and is founded in the belief that every child has a right to a permanent and stable family.

The adoption process includes three distinct phases: preparation, placement support and post-placement services. The length of the process will depend upon the age and developmental level of the child, knowledge and skill level of the adoptive parents, and the comfort level of the child.

Children receiving services through Missouri Adoption Subsidy must meet certain eligibility requirements:

- Be under the age of 18 at the time of adoptive placement
- Be in the custody of the Children’s Division, Division of Youth Services, Department of Mental Health or a licensed private child placing agency at one point in time.
- Be considered a “special needs child”

Missouri has 13,000 children receiving adoption subsidy and combined with the guardianship subsidy, spends about 82 million dollars each year.

Progress Since Round One:

Since the last statewide assessment, many circuits have developed plans for achieving timely adoptions. Here is a list of a few strategies:

- Recommendation that staff review case progress with the Juvenile Office to determine if and when termination of parental rights (TPR) needs to be filed
- Increasing the number of resource families
- Increasing the capacity to conduct home studies and finalize adoptions
- Improve access to legal representation for CD staff.

In 2005, a field was added to the information system to capture compelling reasons.

In July 2006, policy was changed to no longer require relative providers to complete Spaulding training prior to adopting a relative placed in their home. The relative providers participate in the training if they choose to do so or if the FST makes the recommendation.

In November 2009, Memo [CD09-109](#) was issued regarding changes to the eligibility population for Chafee services to include youth who obtain adoption after the age of 16.

Measure of Effectiveness:

This item is included as a measure on the Department dashboard. The dashboard is discussed further in Item 31.

Achievement of timely adoption is an area of strength for Missouri as we have surpassed the composite benchmark. The CFSSR profile provides the following data:

- Measure C2-1, exits to adoption in less than 24 months, the 75th percentile is 36.4%, 40.5%, 40.8% in 2007, 2008 and 2009 respectively. Data from internal reports provide us with 41.05%, 39%, 43.62% for SFY 2007, 2008 and 2009 respectively. At the time of the first CFSSR, Missouri missed the benchmark by one half a percent, the benchmark was 32% and Missouri’s score was 31.5%. As the data shows, Missouri has improved

moving children to adoption in less than 24 months of the time the child was placed into care.

- Measure C2-2, exits to adoption, median length of stay has improved from 2007 of 28.9 months to 2009 of 26.7 months. The 25th percentile of 27.3 months or lower was only met in 2009.
- Measure C2-3, children in care 17 plus months, adopted by the end of the year. Missouri scores from 2007 to 2009 had improved from 13.9% to 18.7% but did not meet the 75th percentile of 22.7%.
- Measure C2-4, children in care 17 plus months achieving legal freedom within 6 months, has well exceeded the 75th percentile from 2007 to 2009.
- Measure C2-5, children legally free and adopted in less than 12 months, Missouri has exceeded the 75th percentile of 53.7%. However, in 2008, Missouri fell below the national median of 45.8% with 45.1%.

When scoring appropriateness and timeliness of adoption, a recent mock six site review results found 77% of the cases reviewed scored a strength.

Missouri tracks the children by race who are adopted within 24 months, and the number fluctuates from year to year and data show no particular race trending in any one direction, that is no one race, on average, achieves adoption faster than another.

Using the Heart Gallery as a recruitment tool, the number of children featured has risen from 93 in 2006 to 248 in 2009. The number of children reported to have an adoptive family in progress from 2006 to 2009 are 27, 81, 61, and 63 respectively.

Table 12 below shows the average time to decreasing from 2004 to 2009 from 34 months to 32 months and those completed within 24 months have, on average, remained around 36%.

Table 12: Child Welfare Outcome Report, Measure #9C and Measure #11

Year	Completed Adoptions	Completed w/in 24 months	Average time in care until completed AD
2004	1337	34%	34 months
2005	1251	37%	32 months
2006	1283	38%	32 months
2007	1067	35%	33 months
2008	1137	36%	33 months
2009	1078	36%	32 months

Strengths:

The Division places a priority on timely permanency and has collaborated with the Courts through the Court Improvement Project. This has opened the door for attorneys, the Juvenile Office, the Court and the Children's Division to work together to achieve permanency for children in a timely manner (in addition to other areas of focus).

The press has run positive stories throughout the many Heart Gallery events to bring attention to children awaiting permanency. This has also increased the awareness of the Court to the Heart Gallery so that certain jurisdictions previously not allowing children to be featured are now granting permission. This allows the Children's Division to actively recruit for children awaiting permanency through utilization of the Heart Gallery.

Challenges:

Large sibling groups create a barrier with placement and often these children have high levels of need. Therefore when pursuing an adoptive resource, oftentimes multiple families are interested in separated siblings which then places a heavy burden on those responsible for selecting the adoptive resource. Factors considered such as the importance of sibling bonds and caregiver attachments furthers the difficulty for large sibling group adoption.

The inability to offer adoption and guardianship subsidy for children age 18 or older who desire to be adopted but have not been adopted prior to their 18th birthday is another barrier. There have been several cases where youth, age 18 and older, have expressed the desire to be adopted and there have been families who have expressed interest, but due to not being eligible for adoption subsidy have not pursued this avenue. In Missouri, children can remain in custody until they are 21 years of age. However, policy states we cannot offer adoption subsidy to families once a child reaches age 18 which hampers the recruitment efforts for children 18-21. Potential adoptive families benefit from financial support for legal fees, insurance (Medicaid) and maintenance.

Promising Approaches:

The Division is currently engaging in policy revisions to encourage adoption staffings to be held for every child with the goal of adoption. The intent of the new policy is to ensure children are being matched with the best possible family to meet their individual needs.

The Division had initiated the statewide Streamlined Recruitment Project which attempts to have children awaiting permanency featured in as many venues as possible. Tools have been developed to assist workers in this effort. However, the state is looking at ways to make the recruitment process more "user friendly" with further central office support. The streamline project has not been in place long enough to measure its effectiveness (less than one year).

The Extreme Recruitment project (funded through federal grant) is a promising approach allowing the Division, over the next 5 years, to connect youth age 10 and older who have been in foster care for at least 15 months, with kin or other supportive adults who can provide a sense of identity and belonging. This approach has a goal of making connections within 12 to 20 weeks versus other traditional approaches that can take up to 24 months. The Division has set a goal of connecting 90% of the children identified with kin or other supportive adults and move 70% of them into permanent adoptive homes. The Extreme Recruitment Project is focused on the St. Louis Region, St. Charles and Jefferson Counties. See Agency Responsiveness to Community for further information on this project.

Item 10: Other planned permanent living arrangement

How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

Round One Result: **Item 10** was rated as an Area Needing Improvement; 1 case (33%) was found a strength and 2 cases (67%) were found as an area needing improvement. In the two cases needing improvement, the agency did not provide appropriate services to help the child achieve independence and another because no other goals had been considered prior to APPLA.

Policy Requirements:

Another Planned Permanent Living Arrangement (APPLA) is the least desirable permanency option and should only be utilized after all other permanency options have been explored. Prior to selecting this permanency option, the worker must consider the following criteria to determine if this is the most appropriate option for the child(ren). The criteria are as follows:

- The Family Support Team has determined that reunification, adoption, guardianship, and/or placement with a fit and willing relative are not in the best interests of the youth.
- The child objects to TPR, and the juvenile court and/or Division believes it is in the best interest of the child not to pursue termination;
- There is an identified appropriate planned permanent living arrangement in which the child wishes to continue living;
- The out-of-home placement provider is in agreement with the plan and is able/willing, with the assistance of the Division, to meet the safety, permanency, and well-being needs of the youth.
- The youth has strong emotional/familial ties with the placement provider.
- The youth is able to understand the APPLA plan and all possible additional services are explored with the child and/or the placement provider to ensure the APPLA is safe, stable, and of the highest quality.
- Parent is actively involved in youth's life, but unable to resume full care, i.e., chronic and pervasive emotional/physical health problems, etc.
- The out-of-home care provider will make a formal Planned Permanency Agreement, CD-129, with the Division for this purpose.
- The parent(s) agrees with the plan.
- Compelling reasons for selecting an APPLA are clearly documented for the court.

All youth in out-of-home care between the ages of 14-21 should be referred to the Older Youth Program. As of March 31, 2010, 35% of youth in care are in this age range. The worker submits a referral packet to the Older Youth Transition Specialist. The Life Skills Strengths/Needs Assessment form, is an interview style tool to assist in the planning process. The youth also completes the Ansell Casey Life Skills Assessment which is an evaluation of the youth's independent living skills. In addition, up to three caregivers who know the youth complete the assessment. The youth, caregiver, case manager/service worker, and FST members will discuss the assessment results from both the Strengths/Needs Assessment and the Ansell Casey Life Skills Assessment. Together they will choose the domains on which to work and set goals and

develop a learning plan through the Adolescent FST Guide and Individualized Action Plan (IAP).

The Planned Permanency Agreement, Form CD-129 is to be completed whenever the permanency option of APPLA is chosen as the child's goal. The purpose of the agreement is to identify an appropriate planned permanent living arrangement in which the youth wishes to continue living by specifying an adult who will play a permanent role in the youth's life.

Progress Since Round One:

- Since the last statewide assessment, circuits have attempted to increase the number and quality of resource families for older youth.
- Increased awareness of the Chafee program services to staff and community members. Local circuits also increasing program accessibility to improve life skills training services for older youth.
- In 2004, stakeholders' meetings were held in each region of the state to review the Chafee Foster Care program and the Educational and Training Vouchers program. The goal was also to gain input from the stakeholders in the development and implementation of a plan to meet the vision.
- In 2005, the Division began sharing information and training regarding Chafee services and the ETV program with foster youth, aftercare youth, private agencies, Division staff, juvenile officers, CASA volunteers, resource providers, community groups, and the STARS panel.
- In 2005, the agency began showing a Chafee video during the Ready, Set, Fly foster parent in service training to educate everyone about the Chafee program and other permanent options.
- In 2005, a workgroup was developed with a goal of developing recruitment strategies for locating resource homes for older youth.
- A workgroup was developed to evaluate and assess the transitional living scattered site program.
- In 2006 and 2007, statewide testing began on the Older Youth Program changes. Surveys were conducted to get feedback about the new training curriculum.
- In January 2007, the State Youth Advisory Board went to the Capitol. Older Youth shared issues such as: graduating from high school on time, obtaining a driver's license, and access to quality health and dental care.
- From June 2007-June 2008, statewide training was held for staff on changes in the Older Youth Program including the use of a new assessment tool. The training had a component on APPLA and permanency for older youth.
- The Older Youth Program training was incorporates into new worker's core training in July 2008.
- Youth from throughout the state had the opportunity to mix work and play at the 2009 Youth and Adult Leadership and Empowerment Conference "Back In Action, Still We Stand." Over 200 youth and adults attended. The event was planned and hosted by members of the State Youth Advisory Board. Six workshops were presented which were designed to empower and educate youth on subjects relating to their independence. The topic areas included: Self Advocacy, Coping Skills, Permanency Options, Leadership, Resources, and Resiliency.

Measure of Effectiveness:

In 2007, 90 youth established a permanent connection which has increased to 811 in 2008. While these connections may not be able to provide a permanent home, they can assist the youth in time of crisis with support much like a mentor or caregiver would provide. There are various child specific elements the Chafee contractors must report, however, since this process has only been gathering data for two years with a learning curve in year one, it is too early to identify trends, strengths or barriers.

According to survey data results for 2009, 48% of the youth agreed with the statement, “The Daily Life Skills Classes helped me learn skill important to my future”. From this statement, the Division can assume contractors are assisting at least half of those receiving life skills classes prepare for exiting care.

A recent focus group was held with 24 state youth advisory board members. The average number of years these youth have been in foster care was just under 6 years with average moves of 5.8 with 6.5 workers. When discussing moves from one placement to another, most youth did not receive advance notification regarding the move. Over half felt there could have been some changes to prevent the move, however only one suggestion was brought forth. The youth stated more dedication was needed on the part of the foster parent and youth in the group were in agreement. Some felt the foster parents were only in the “business” for the money and not because they cared about children. When asked if foster parents were adequately prepared to be their caregiver, the response most agreed upon is foster parents “want to do good deeds and have good intentions but don’t really know what it is like raising teenagers”. One youth suggested a youth panel should be allowed to speak to potential foster parents before licensing occurred. Most youth knew their permanency plan and had established goals for after exiting care. Almost all youth stated their worker was prepared for court; however, few were able to speak with their GALs in advance of the court day.

An older youth case review was conducted in February 2010. Files were randomly selected on 4% of youth ages 14-21 in alternative care case managed by Children’s Division and Foster Care Case Management Agencies. Older Youth Transition Specialists, Quality Assurance Specialists, Quality Improvement Specialists and Program Development Specialists assisted with the reviews. The purpose of the review was to get an overall picture of the Older Youth Program services being provided through documentation in the file. The review was to gain insight as to the strengths of the program as well as learn at a state, circuit and private agency level if the older youth program is being accessed and used as designed and per policy, to develop and recommend strategies for improvement, and to prepare for the National Youth in Transition Database implementation in October. The review specifically was looking to see if life skills for youth had been assessed, if referrals had been made, and examined the quality of services youth were receiving once referred. In the majority of files reviewed, referrals for services were made (72%) of the time. However, the records do not show continued involvement with the youth in terms of forms being updated per policy. The Ansell Casey Life Skills Assessment form is not being updated annually. 90% were due for reevaluation at the time of the review. Many of the forms do not contain dates, making it difficult to determine when the form was completed. The files also demonstrated a lack of youth input into their Individualized Action Plan. Of the 204

files reviewed, only 89 have evidence of youth involvement in their plan. The Adolescent FST Guide and Individualized Action Plan is not being updated every six months. Reviewers noted that goals are not specific in terms of life skills for the youth. Over half of the files reviewed did not contain a strengths/needs assessment. 71% of youth residing in a TLA or ILA did not have documentation in the file that the apartment was seen and met safety standards. Of the small number of youth who have exited care after the sample was determined (10), there was no documentation that an exit packet or verification letter was provided to youth or that their transition plan (Adolescent FST Guide) was updated within 90 days from release. Overall, the review demonstrated that although youth are being referred, work with youth is not being documented in the case file.

Strengths:

In order to select this permanency option, the worker must determine that reunification, adoption, guardianship, and/or placement with a fit and willing relative are not in the best interests of the youth.

In addition, following the selection of the APPLA permanency goal, the worker must work with the resource provider to develop a formal Planned Permanency Agreement. The purpose of the agreement is to identify an appropriate planned permanent living arrangement and specifying an adult who will play a permanent role in the youth's life.

In August, 2008, the Governor appointed a 17 member panel of public and private partners to assess current resources within Missouri to support youth in or exiting from foster care. The Governor's Blue Ribbon Panel on Youth Aging out of Foster Care included six youth who are currently in or have been released from the foster care system. The Panel focused on six main areas: Permanency and Lifelong Connections; Transition Supports; Physical and Mental Health; Employment; Education; and Cross System Collaboration. The Panel developed recommendations to improve services and supports for youth in foster care. The Panel completed their mission and made recommendations to Governor Nixon in July 2009. One of the recommendations, however, was to form an on-going workgroup to work on the recommendations. That group will meet for the first time on April 16, 2010.

Some of the other recommendations made through the Blue Ribbon Panel work is to allow older youth to be at the center of their own permanency planning, when performing transitional planning there should be a more comprehensive collaboration with families, Chafee providers, Department of Higher Education and Department of Labor, and remove barriers for children wanting to access public in-state postsecondary education or training programs.

Challenges:

One challenge is regarding staff referrals to the Older Youth Program. In order for older youth to take advantage of the many benefits of the program, they must be referred by their worker. A change request has been submitted to incorporate in the child's assessment, CS-1, by adding a referral field for referral Chafee program into FACES (the information system). This tracking element will provide the ability to know who and when was referred to the Chafee program.

Review results indicated improvements are needed for older youth services in specific areas such as, life skills assessment and service plans. These items are a necessary element to ensure a child is ready for independence. Currently, the Division is in the early phase of the improvement strategy to address these issues. Documentation of services is a strong area needing improvement.

Item 11: Proximity of foster care placement

How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

Round One Result: **Item 11** was rated as a Strength; 18 cases (95%) were found a strength and 1 case (5%) was found as an area needing improvement. This was due to children being placed in the same community as their parents or the child was placed out of the community because the placement met the child's needs.

Policy Requirements:

The Division believes families can best be supported by one another and their own communities, therefore, efforts are made to ensure close proximity to birth parents. Thus, when possible, the Division attempts to place children in close proximity to their birth parents or community to preserve connections. If this is not possible, the Division attempts to place children within fifty miles of their birth family or community. In addition, policy requires staff to place with relatives when it is in the best interest of the child to do so.

Progress Since Round One:

Since the last statewide assessment, there has been a constant focus on preserving connections for children in custody. This focus includes preserving connections to birth family or extended family and ensuring that older youth have a permanent connection. House Bill 154 became law October 7, 2008, gives grandparents first consideration for placement before other relative options and requires an immediate diligent search to locate, contact, and place with a grandparent once a decision has been made to take protective custody of a child during the first (3) three hours after custody. Notification can occur prior to custody, but notification and placement must occur no later than three (3) hours after custody. Complete information may be found at [CD10-16](#).

The statute also requires that staff place with grandparents unless that decision is contrary to the welfare of the child. If a grandparent or grandparents, or other relatives of the child cannot be located within the three (3) hour period, the child may be placed in an emergency placement. However, the bill requires staff to continue to make diligent efforts, while the child is in care, to contact, locate, and place the child with a grandparent or another relative, with first consideration given to a grandparent for placement.

Measure of Effectiveness:

Of 14,250 children in the Division's custody (2009 Child Welfare Outcomes Report Measure # 18), approximately 60% of the children resided in the county they were removed from, which would be in close proximity to the parents. Many of the remaining 40% are placed with relatives out of county or placed out of county because of the unavailability of a foster home opening within the county. In addition, when children are placed in residential care, quite often they are out of county as residential facilities are not located in every county. A Missouri law requires children to be placed with relatives when it is in the best interest of the child and as a result,

these placements may be out of state. It is more difficult to reunify the child with the parents when placed out of state. Since 2005, approximately 1470 children have been placed out of state. Of this number, approximately 262 children were placed with relatives and 273 were placed with parents.

Strengths:

The agency attempts to place children in the same community as their birth or extended family, when possible. During a recent CFSR mock six site case review, 100% of the cases were found to be a strength.

Item 12: Placement With Siblings

How effective is the agency in keeping brothers and sisters together in foster care?

Round One Result: **Item 12** was rated as an Area Needing Improvement; 15 cases (79%) were found a strength and 4 cases (21%) were found an area needing improvement. The state had not made concerted efforts to keep siblings together in foster care.

Policy Requirements:

The sibling relationship while in placement can serve as a source of safety, security and promote a sense of well-being during a child's placement in out-of-home care. Placing siblings together preserves a child's connection to his/her family and environment. The placement of siblings is a priority during the case planning process.

A FST meeting is held prior to the separation of a sibling group. When making such determinations the Family Support Team should consider the age and developmental needs of each child, their attachment and emotional bond to one another and the effects separation will have on the siblings. Separations result due to the following:

- A child has special needs for therapeutic services, which is not available in the proposed sibling placement;
- A child has inflicted physical, sexual, or emotional abuse on a sibling;
- Inability to find a resource provider that would take all the children;
- Court ordered separation;
- Half-sibling placed with a biological parent/relative; and
- Large group of siblings are placed with two relatives and contact can be maintained.

When the FST determines that a sibling group cannot reside in the same household, the following options for placement preference should be considered:

- Placement in the same town/community
- When placed in the same town/community, continue in the same school setting
- Placement in the same geographic region
- Placement in a setting where the resource provider can facilitate frequent contact

When a child is placed in the care and custody of the Division, whether separately or as a part of a sibling group, efforts are made to reunite the sibling group whenever possible. Siblings should

be reunited, at the earliest time possible, unless determined not to be in the best interest of the child.

In cases where it is in the best interest of the children to be together, the Circuit Manager, along with the appropriate regional staff, will conduct a sibling administrative review within 30 days of sibling separation, and every 30 days thereafter, to address sibling placement options and necessary steps. The recommendations of the sibling administrative review are to be provided and/or discussed with the assigned worker and his/her supervisor.

Progress Since Round One:

In 2005, in an attempt to increase the number of siblings placed together, circuit managers monitored the quarterly peer record review results and developed improvement plans. Many improvement plans included ensuring separated siblings cases are reviewed regularly.

In 2006, a memorandum was sent to staff introducing policy enhancements to assist in preserving the bond and connection between siblings. The memorandum also discusses the role of the Family Support Team in preserving sibling ties.

The importance of sibling bonding/placements was addressed in five regional multi-disciplinary trainings provided in July, 2007. There were 220 training participants including judges, juvenile court staff, attorneys, court-appointed special advocates, Division staff, and foster parents.

Measure of Effectiveness:

As of Oct 31, 2009, the Division had 9322 children in care and custody. Of these children, 3967 had no siblings in care. Of the 5,355 children with siblings, 73% (3926) are placed with at least one sibling.

In a recent mock six site review, 93% of cases reviewed in all sites were scored a strength.

Strengths:

The agency has excellent policy regarding sibling placement including the requirement to place siblings together and a process for monitoring cases where siblings are not placed together in an attempt to re-unite if possible.

Challenges:

One of the barriers to siblings being placed together is the lack of resource providers able to take large sibling groups. Oftentimes, large sibling groups are separated.

In addition, Missouri has law requirements, which align with constitutional law, where non-custodial parents should be considered as a placement for the child; however, if there are two children with different non-custodial parents, the siblings may be separated unless the split is contrary to the welfare of the child. If the child is placed with the non-custodial parent, the courts will court-order the placement or if the non-custodial parent could like to receive reunification services, an intact family case would be opened. No financial support is provided.

Item 13: Visiting with parents and siblings in foster care

How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Round One Result: **Item 13** was rated as an Area Needing Improvement; as 16 cases (70%) were found a strength and 7 cases (30%) were found an area needing improvement. The State did not promote sufficient visitation between the child and father, child with mother and child with siblings.

Policy Requirements:

The Division has policy regarding parent and sibling visits in foster care. The standards should be considered by the FST/ PPRT teams when developing and reviewing the visitation plan. The worker is responsible for ensuring that a visitation plan is developed and implemented. It is the worker's responsibility to schedule visits between the parent/child/sibling(s) according to the plan established by the FST/PPRT. When visitation plans are not implemented and/or visits do not occur, the worker must document the reason in the case record.

Parental and sibling visitation plans are separate. However, this does not prevent either visit from occurring on the same day in the same setting. Continued contact between the child and family is essential to maintaining and strengthening family bonds. Policy recommends that visits, for between parents and children should occur weekly, or as frequently as possible, with a minimum of one time per month.

At no time should a parental and/or sibling visit be cancelled or rescheduled because of unexpected situations with the worker's schedule. A back-up plan should be in place. Parental and sibling visitation should occur unless such visits are deemed contrary to the welfare of the child, by the Family Support Team/PPRT, or if prohibited by the Court.

Whenever possible, visits should occur in the parental home or in a homelike environment, which includes the home of the resource provider, unless safety of the child or staff is an issue.

Supervised visits occur when court ordered or if determined by the FST/PPRT that the parent/sibling is unable to assure the safety of the child. Supervised visitation should be used as an opportunity to assist the parent in enhancing his/her parental skills. The resource provider, caseworker, or relative supervising the visitation should complete a Supervised Visitation Checklist, CD-86, and submit to the worker within three days of the visit.

The parent/guardian and child (if age appropriate) should be provided with a Visitation Reaction Form, CD-85, and submitted to the worker within three days of the visit. The visitation forms provide immediate feedback to the worker, which can be used to assess the parent/child relationship or to revise visitation plans.

If a parent is institutionalized or incarcerated, the worker should contact the institution regarding their visitation policy. Visitation should be scheduled in conjunction with the institution.

Progress Since Round One:

Since the last statewide assessment, the state has developed a plan to increase the frequency and quality of parent/child and sibling visits through these strategies:

- Monitoring case review outcomes
- Reviewing outcome measures for visitation data
- Ensure visitation takes place per policy in FST/PPRT
- Developing teams to review progress and develop new ideas and improvement plans
- Supervisors in many circuits of the state have developed a tool to track visitation. In addition, supervisors are discussing visitation at case conferences
- In July 2009, an addendum to the transportation policy was issued. The policy changed to allow mileage reimbursement for transportation costs for youth in Independent Living Arrangement (ILA) placements and youth in Transitional Living Advocate (TLA) placements for visits with parent(s) and siblings. The purpose of this change was to help eliminate financial barriers for visitation.

Measure of Effectiveness:

Until the implementation of the SACWIS system (FACES) in 2007, the Children's Division did not have an electronic method for capturing visits with parents and siblings in foster care. The FACES system can now track visitation plans with the mother, father, and siblings. As of October 31, 2009, 44% of the children in care had visitation plans with parents or siblings entered in FACES. This result is not favorable and warrants further review. Staff do not consistently document plan information into FACES, when there is an established visit plan.

In a recent CFSR mock six site review, 67% of the cases reviewed were rated as "strength".

Strengths:

There is substantial evidence to show frequent visitation usually results in a timely permanency for the child. As a result, staff are encouraged to set up visitation as frequently as possible. Staff use outside entities such as resource providers, therapists, and parent aides to supervise visits, which help the parents and the children to have additional visits.

Challenges:

A few challenges having a negative effect on parent and sibling visitation include:

- Staff are not entering visitation plans into FACES while the written plan is in case file
- Uncooperative parents and missing or absent parents pose a challenge. Internal data show staff perform diligent searches well at case opening but do not complete them ongoing.
- Transportation is unavailable.
- FST members or the court can be counterproductive when helping to set visitation plans as they use the visits as a reward or punishment. This makes reunification more challenging when visitation is prohibited.

Item 14: Preserving Connections

How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

Round One Result: **Item 14** was rated as an Area Needing Improvement; 21 cases (81%) were found a strength and 5 cases (19%) were found an area needing improvement. The State did not ensure necessary connections in one case between the child and his Native American Heritage; did not preserve the child's connections to extended family in four cases; did not preserve the child's connections in 2 cases to family, friends, community and culture.

Policy Requirements:

In September 2009, two memorandums were issued related to Federal House Resolution 6893 (Fostering Connections to Success and Increasing Adoptions Act) and Missouri's "Foster Care Education Bill Of Rights" (Sections 167.014, 137.019 and 210.105). These two pieces of legislation require Children's Division to coordinate with school districts/school liaisons to improve educational stability for children in foster care. Staff work with local school districts/school liaisons to ensure that youth remain in the school enrolled in at time of placement into alternative care, as well as, allowing youth 14 and older to share in making decisions regarding which school district they would like to attend.

Arrangements for the child to remain in the school they are enrolled in should be discussed during the 72 hour FST and evaluated during Family Support Team meetings held for placement stability purposes. Educational stability should be a priority when assessing the child's placement needs and making placement decisions as this preserves the connections a child has already established.

When planning activities for siblings, consideration should be given to the children's ages, developmental needs, schedules and routines, i.e. school. Examples of sibling activities to maintain sibling connections, include but are not limited to the following: sharing child care providers (when possible), joint counseling sessions (if appropriate), working on life books together, sleepovers, celebration of birthdays, holidays, attending school events, writing and calling each other.

When efforts to keep the child in their home of origin fail, the agency must identify and recruit persons who are willing to provide placement to sibling groups in an effort to maintain and preserve sibling and family connections. And placement shall be made with a family that can best preserve the cultural identity of the child.

When a child(ren) enters out-of-home care, the whereabouts of one or both of the biological parents or relatives may be unknown. In order to achieve early permanency for the child(ren), a diligent search must be made to locate and maintain contact with both parents of the child(ren) or to locate relatives as a possible placement resource. A complete and diligent search must be thoroughly documented in the case narrative and on the CS-1 to verify that all reasonable efforts have been made to find the parent(s) or to locate relatives.

If the parent is unable to be located or is unable to have the child(ren) placed in their home, the agency should make reasonable efforts to first place the child(ren) with a grandparent during the first three (3) hours after custody. The worker should ask the parent, child, or caretaker for the

names of grandparents and other relatives to begin a diligent search and complete a background check if placement becomes an option.

Missouri RSMo 210.127 defines “diligent search” as “the efforts of the division or an entity under contract with the division to locate a biological parent whose identity or location is unknown, initiated as soon as the division is made aware of the existence of such parent, with the search progress reported at each court hearing until the parent is either identified and located or the court excuses further search.” This criterion also applies when searching for grandparents or other relatives.

The Indian Child Welfare Act (ICWA) of 1978, P.L. 95-608, is a federal law which regulates placement proceedings involving Indian children and is intended to preserve connections to a child’s Native American heritage. The agency has a brochure, [ICWA Informational Brochure](#) which informs families of ICWA rights. Staff are encouraged to provide parents this brochure when a child comes into foster care. In addition, staff have an ICWA checklist to use to determine Indian heritage and if there is heritage found, workers must complete an Indian Ancestry Questionnaire. The questionnaire’s intent is to assist workers manage compliance with ICWA laws.

Progress Since Round One:

In 2005, the CD-14, FCS Family Assessment Tool, was revised. The assessment includes a genogram to be completed with the family and was used to determine familial connections and to explore relative placements.

In January 2008, a Chafee contract was awarded which requires the contractors to assist youth with community services and supports. The intent is to build from the youth’s strengths to find community services and develop a support system.

In January 2009, the Adolescent Family Support Team Guide and Individualized Action Plan form was introduced. Among other elements, the youth is to assess themselves in their social relationships. For instance, inquiry is made whether there is a relationship with biological family, is involved in a religious organization, is involved with other organizations, or is a parent.

Measure of Effectiveness:

See Item 10 for information regarding connecting older youth to their community and permanent connections.

In the recent mock six site review, 56% of the 75 cases reviewed were scored a strength for preserving connections to the community, family and schools.

Strengths:

The agency places a strong emphasis on diligent search efforts to locate non-custodial parents and relatives in order to preserve connections for children.

Many new policies and laws were recently put in place to allow children to maintain attendance at the school they were enrolled in at the time of their initial placement. This allows the children to maintain their connection with their school, friends, and community. See Item 21 for more information.

Challenges:

There are times when children must be placed outside of their community for various reasons. When this occurs, it becomes difficult to preserve connections to the child's community but whenever possible, the agency tries to preserve these connections in a variety of ways such as encouraging phone calls, letters, or visits if possible.

Promising Approaches:

New policy was just introduced that allows the agency to reimburse resource providers for transporting children to their previous school if the school district will not fund the transportation. This new policy allows more children to preserve their connection with their community of origin.

Currently, the *Workgroup on Racial Equity in Child Welfare* is not only studying data for children of color in the child welfare system, they are developing strategies intended to make a positive impact. The workgroup is focusing on preservation of a family structure through keeping the family close to their cultural roots and traditions as a strategy to reduce disparity for the children involved in the child welfare system. The workgroup is in its infancy and more information will be forthcoming.

Item 15: Relative Placement

How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

Round One Result: **Item 15** was rated as an Area Needing Improvement; 21 cases reviewed (81%) were found a strength and 5 cases (19%) were found an area needing improvement. The State lacked diligent searches for paternal and maternal relatives or child were not placed with relatives.

Policy Requirements:

Policy requires children to be placed with relatives before being placed in a foster home. Thus, staff must search, locate, notify, and place with relatives.

Two new laws have been enacted since the last statewide assessment. House Bill 154 gives grandparents first consideration for placement before other relative options and requires an immediate diligent search to locate, contact, and place with a grandparent once a decision has been made to take protective custody of a child during the first (3) three hours after custody. Notification can occur prior to custody, but notification and placement must occur no later than three (3) hours after custody.

The statute also requires that staff place with grandparents unless the decision to place with grandparents is contrary to the welfare of the child. If a grandparent or grandparents of the child cannot be located within the three (3) hour period, the child is placed in an emergency placement. However, the bill requires staff to continue to make diligent efforts, while the child is in care, to contact, locate, and place the child with a grandparent or another relative, with first consideration given to a grandparent for placement. If the child is not placed with grandparents, staff must document in writing the reasons why the placement is not in the best interest of the child.

The Fostering Connections to Success and Increasing Adoption Act requires the Children's Division to identify and notify all grandparents and other adult relatives within 30 days when a child is removed from the custody of their parent(s) unless there is domestic violence. If relatives cannot be identified or found initially, the search for relatives should continue while the child is in care. When a suitable grandparent or relative has been located consideration should be made to place the child with the grandparent or relative a part of the primary or concurrent permanency plan for the child. Prior to placement, the appropriate background screening must be completed. Efforts to locate relatives must be documented in the case record. At a minimum, staff should complete the following activities to help identify and locate relatives:

- Ask the biological family for information regarding their relatives
- Ask known relatives, friends, and neighbors for information regarding other relatives
- Search for relatives using electronic resources and databases
- Search previous case records including genograms
- Utilize the telephone directory
- Search court records and the court database
- Make in-person and/or telephone contacts with family, friends, and neighbors at the parent/relative's previous addresses
- Send "certified, return receipt requested" letters to the previous addresses of individuals not contacted in person
- Thoroughly document all diligent search efforts and face to face contacts and telephone contacts including who was contacted, their relation to the child, and what was said in the case record.

Progress Since Round One:

Since the last statewide assessment, the state has developed strategies to improve identification and placement with relatives. These strategies included: increasing system capacity to accurately track placement with relative and kinship providers, improve diligent search efforts to locate relatives and kin, and evaluate support and training provided for relative and kinship providers.

Measure of Effectiveness:

Almost 29% of the foster care population is placed with relatives or kin. Of the 9322 children in care as of October 31, 2009, 2144 children are placed with relatives. In addition, 554 children are placed with kin.

Using the data profile, there is about a 7% difference between first time cohorts and all foster children. First time cohorts are placed in relative care 25.4% while all children placed in foster

care are at 17.8%. This is strongly contributed to Missouri using relative care as a means to place the child in a permanent living situation as quickly as possible, therefore children would move from relative care to guardianship or adoption if applicable. The children placed with relatives have remained fairly constant over the past five years, between 23 to 25%.

According to the Child Welfare Information Gateway, found at <http://www.childwelfare.gov/pubs/factsheets/foster.cfm#place> the nation's placement percentage in relative care (point-in-time) is around 25%. This is a little more than Missouri, but when looking at the first time cohorts (per the Data Profile), the percentage is the same. As stated above, this could be due to the expedited permanency Missouri strives for when children are placed with relatives, therefore children in a permanent setting would not be counted in the relative placement category for a long extended period of time.

Challenges:

There are several barriers to placement with relatives. At times, parents have an estranged relationship with their relatives and they at times refuse to disclose information regarding their relatives.

Another struggle staff experience is failure to continue diligent search efforts throughout the life of the case. Staff completes a sufficient diligent search for relatives at the beginning of the case, however, focus on other issues and forget to continue searching. Some staff fail to document diligent search efforts appropriately, therefore does not always get the credit they deserve. Staff locate relatives but either background checks or other issues exclude the relative for a placement consideration or they will not cooperate with the parents. However, while this is a barrier for relative placement, they can serve as a permanent connection for the child.

Promising Approaches:

Changes in practice associated with House Bill 154 and The Fostering Connections to Success and Increasing Adoption Act are promising. The requirement to notify all relatives without necessary permission from the parent's help staff locate and place with relatives. In addition, the requirement to notify and place with a grandparent within three hours is likely resulting in more relative placements.

Item 16: Relationship of child in care with parents

How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

Round One Result: **Item 16** was rated as an Area Needing Improvement; 13 cases (68%) were found a strength and 6 cases (32%) were found an area needing improvement. No diligent efforts to maintain child(ren)'s relationships particularly with non-custodial fathers.

Policy Requirements:

One of the responsibilities of the Children's Service Worker is to maintain the parent-child relationship, as appropriate, when the child is removed from the home. One way the agency

promotes and maintains the parent-child relationship is through the visitation policy as discussed in Item 13. Visitation plays a significant role in maintaining the bond between parents and children and preserves family, cultural and community connections providing family members the opportunity to interact and experience being together.

In order to achieve early permanency for the children, a diligent search must be made to locate and maintain contact with both parents of the children. The agency attempts to promote and maintain the parent-child relationship with the non-custodial parent in the same manner as the custodial parent. The Division offers visitation to the non-custodial parent. If the non-custodial parent cannot be located, the agency is required to complete an immediate diligent search for the non-custodial parent.

The Family Support Team (FST) promotes and helps to maintain the parent-child relationship. Reunification is generally the primary permanency goal when a child enters care. By setting this goal, the FST is indicating to the parents that they support the parent-child relationship and the child's return home.

The resource provider can also play a role in maintaining the child's relationship with their parent(s). The resource provider can validate the child's feelings regarding their birth parent. The resource provider is also responsible for supporting the visitation plan and helping the Children's Service Worker with any transportation necessary for the visits. Opportunities should be provided to allow the parent to participate in their child's normal day-to-day activities, when possible, i.e. attend parent teacher conferences, extracurricular activities, and doctor's or dentist appointments.

Progress Since Round One:

Since the last statewide assessment, the agency has placed great emphasis on increased visitation between children and their parents to ensure that the parent-child relationship is being promoted and maintained. National research shows that parents who visit their children more often tend to work through their treatment plans at a quicker pace than those parents who do not visit their children as often. In addition, in the last ten years, the support resource providers offer to parents has significantly increased which assist with maintaining the parent-child relationship.

Parent-child relationship training helped staff and foster parents translate strategies into practice. This training enhanced the state goal of improving relationships of children in care with their parents. To accomplish this, the circuits developed a plan to improve diligent search for the non-custodial parent, and improve engagement of non-custodial parents in case planning by strengthening worker/supervisor skills in engaging families as well as increase parent, caregiver, and child involvement in case assessment and planning.

Then from June 2007-June 2008, statewide training was provided to staff on Older Youth Program changes which included a component on the importance of youth maintaining a relationship with their biological family.

Lastly, in July 2009, an addendum to the transportation policy was issued (CD09-65). The policy was changed to allow mileage reimbursement for transportation costs for youth in

Independent Living Arrangement (ILA) placements and youth in Transitional Living Advocate (TLA) placements for visits with parent(s) and siblings.

Measure of Effectiveness:

Per an ad hoc report from Research and Evaluation of case management data from FACES, as of October 31, 2009, 44% of the children in care had visitation plans entered in FACES for parents or siblings. This data is unfavorable, and warrants further exploration. It is possible that workers are not consistently entering visitation plans into information system (FACES).

Strengths:

Part of the worker's job is to maintain the parent-child relationship when a child is removed from the home. Staff use visitation as a means to ensure that the parent-child relationship is maintained.

Challenges:

There are two barriers on this item. Working with parents who are uncooperative and trying to locate absent parents are challenges. Policy encourages staff to continue to provide reasonable efforts to parents who are uncooperative and continue to search for absent parents in an attempt to maintain the relationship, however there are still struggles in this area.

Item 17: Needs and services of child, parents, and foster parents

How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

Round One Result: **Item 17** was rated as an Area Needing Improvement; 27 cases (54%) were found a strength and 23 cases (46%) were found an area needing improvement. The State did not adequately assess and or address the service needs of the children, parent and foster parents, specifically a key concern pertaining to lack of involvement with fathers.

Policy Requirements:

In order to assess the needs of the children and parents, the worker must complete a comprehensive assessment of the family. Since the last statewide assessment, the agency has revised the assessment tools to better capture the strengths and needs of the families the agency serves. The worker completes a family assessment form (CD-14) and a family functioning assessment/reassessment form, (CD-14A) on each family for both in-home cases and out-of-home care cases. The assessment and related tools (CD-14A, CD-14B, CD14C, CD-14D, CS-16c, CS-16d, CS-16-e and CPS-1A) make up a comprehensive assessment packet designed for ongoing assessment and treatment with families and are designed to facilitate a family-centered approach to assessing family structure, strengths, supports and service needs. In addition, the CD-14 makes use of assessment tools, such as the geno-gram and eco-map. The CD-14 and related tools are used to assist the Children's Service Worker in:

- The process of the initial family assessment;
- Making a determination regarding the immediate safety of the child(ren);
- A comprehensive assessment of a family's functioning;
- Identification of family strengths and needs that affect family functioning;
- Assessing level of risk in the household and;
- Summarizing the worker's activities during the process of assessment.

After completing the assessment, a treatment plan is developed which translates the needs identified through the assessment to services which can help the family.

The worker is required to visit the family in the home once a week for the first thirty days a child is placed out of the home and at least once a month thereafter. For intact families, the worker is responsible for visits with the parents according to the level of risk. During these home visits, the worker should discuss the following with the parents: resources needed in areas of budgeting, family planning, behavior management as requested by the family or directly related to child's out of home placement, progress in treatment plan, and family's perception of treatment and of out-of-home care providers (if applicable).

For children in foster care there is also a child specific assessment to complete. The Child Assessment and Service Plan (CS-1) provides documentation of the worker's and FST's assessment of the safety, permanency, and well-being needs of each child. This form has been designed to gather detailed information about a particular child's needs and basic family demographics. The detailed information gathered in each section is then followed by a summary

section which can quickly be identified and used by the court. Additionally, the CS-1 serves the following purposes:

- Provides an organized way in which information is gathered about a child's specific safety, permanency, and well-being strengths and needs
- Provides a standardized way in which services provided to child and family are documented in the record
- Provides documentation of visitation plan
- Records invitations to and attendance of the FST meeting
- Documents understanding/acceptance/disagreement of the FST recommendations
- Provides a standardized format for recording and documenting the case plan
- Provides information in an organized manner for team members, which keeps the focus on what needs to change to achieve permanency

The case plan also includes the plan for assuring services are provided to the child and foster parents to address the needs of the child while in foster care. The case plan will discuss the appropriateness of the services provided to the child under the plan. The Child Assessment and Service Plan is updated every 6 months or more often as needed.

In addition to the services outlined above for children, older youth have additional services available to them. Since the last statewide assessment, there have been some important changes regarding assessment and services for older youth. Policy requires all children 14 and older to be referred to the Older Youth Program. This program has been contracted to private agencies which are flexible and creative in procurement of services and resources. The new program also introduced new forms that focus on the domains of: education, daily living, money management, housing, self-care/health, social relationships, transportation, and career planning/work life. A strengths/needs assessment is completed and used to develop the individualized action plan. These tools are to be used in combination with the Ansell-Casey Life Skills Assessment. The worker utilizes the assessment and the individualized action plan to determine what services the youth needs. This program can offer the following services such as: life skills training, Education and Training Vouchers (ETV), aftercare services, transitional Living Program (TLP), and Independent Living Arrangement (ILA).

Progress Since Round One:

In 2005, foster care case management contracts were implemented. One of the intentions for these contracts was the contractor's ability to provide more individualized services due to their flexibility in obtaining services. Some contractors, such as faith based, already had established systems for services such as tutoring, mentoring, independent living, etc which could be modified if needed. Some state contracted services often have a stricter governing system where individualization is difficult. Most often contracts are based on a group need rather than an individual need.

In 2006, Educational Training Voucher (ETV) services were contracted out with the Orphan Foundation of America. This has increased the utilization of this program. In 2008-2009, there were 285 youth funded through ETV.

In 2007, new contracts were issued for the Transitional Living Program that allow for more flexibility with service delivery to youth in the program, including training of independent living skills.

In January 2008, Chafee services were outsourced to contracted providers. As part of the contract, services were moved from a generic approach to a more individualized approach. Individual assessments are to be used in conjunction with other information available to focus specifically on those areas of the youth's life that are, or will, impact their preparation for self-sufficiency. The assessment will assist in gaining understanding of the youth's strengths and challenges so that practical, concrete efforts can be made to achieve the youth's goals.

In 2008, all services available under the Children's Treatment Services contract were enhanced. Since Missouri was striving for accreditation, there was a need to raise the level of education and other requirements for services. Through an enhancing of the contract, services were expanded and more defined, elevated qualifications of providers and broaden requirements for documentation.

In July 2009, an addendum to the transportation policy was issued. The policy was changed to allow mileage reimbursement for transportation costs for youth in Independent Living Arrangement (ILA) placements and youth in Transitional Living Advocate (TLA) placements for visits with parent(s) and siblings. These youth were in semi-independent living arrangements and thus did not have a means to visits via foster parents so the policy allows reimbursement directly to the youth which eliminates financial barriers for visitation.

Policy was issued in November 2009 to address the requirements for Transitional Living Program Group Homes, Transitional Living Program Single/Scattered Site Apartments, and Independent Living Arrangements to assist with basic requirements and standards.

In November 2009, information was introduced in policy regarding exit planning.

Measure of Effectiveness:

Surveys were sent to various consumers with questions regarding satisfaction of services. Table 13 below provides the statement and the percentage in agreement.

Table 13: Annual Consumer Survey Results, 2004-2009

Statement	Percent Agree
Foster Parents	
I have been provided adequate training to accomplish my role.	85%
I have clear and open communication with CD staff.	77%
Staff make me feel like an important partner in providing care to my foster child.	74%
I am able to talk to my worker as frequently as needed.	74%
I received the supports and services necessary to provide good care to the children in my home.	73%
Family Centered Services Families	
The services from CD and/or other agencies are helping my family	56%

Survey results from parents involved in FCS are unfavorable with just over half responding positively. Additional measures of effectiveness include service delivery grievance and constituent services which are discussed further in Item 31. SCRT results found 94% of the cases reviewed were rated a strength in 2008, and 95% in 2009. However, the mock six site review results only found 49% of the cases reviewed a strength. Exploration of this variance of quality measures, more specifically the tools, may be warranted if the on-site review has a finding similar to the mock.

Challenges:

There are several barriers providing services for children and parents. There are many rural areas of the state where there are limited resources. Often, families have to travel a significant distance for services. Parents are at times put on waiting lists for therapists, substance abuse treatment, and other resources because there are few openings. See Items 35, 36, and 37, Service Array, for more information.

Item 18: Child and family involvement in case planning

How effective is the agency in involving parents and children in the case planning process?

Round One Result: **Item 18** was rated as an Area Needing Improvement; 28 cases (56%) were found a strength and 22 cases (44%) were found an area needing improvement. The State did not involve parents or children in case planning.

Policy Requirements:

For out-of-home cases, contact begins at the 24 hour contact after a child is removed. For in-home cases, contact begins with the first visit. Family involvement must begin at the case planning stage with good engagement. In addition, parents need a clear understanding of court expectations, the law, team member's roles and if applicable, what the permanency goal is for their child. Staff should engage parents in the decision making process. Continuous parental involvement is a significant indicator of early and successful results.

Family Support Team (FST) meetings are the mechanism for parents and children to be key participants in the decision-making process. All youth 13 and over are given the opportunity to participate, as well as some children under 13, with supervisory approval and if appropriate.

There are differences between parental involvements with in-home cases versus an out-of-home case. For in-home cases, the Division works with the custodial parent who allowed or requested the case to be opened. Workers are to encourage participation of the non-residential or non-custodial parent but the worker cannot disclose or contact the absent or non-custodial parent without consent from the custodial parent (See Memo [CD10-053](#)). In out-of-home cases, workers are obligated by law to seek out and locate non-residential or non-custodial. Therefore, when measuring the degree of parental involvement in case planning activities, limits for intact families must be considered.

Youth ages 14-21 complete a life skills strengths/needs assessment. This is an interview style tool to assist in the case planning process. The assessment covers nine domains and provides a snap-shot in time. This tool is used to assist in determining goals.

The youth, caregiver, case manager/service worker, and FST members discuss the assessment findings from both the Strengths/Needs Assessment and the Ansell Casey Life Skills Assessment. The team chooses the domains to set goals and develop a learning plan through the use of an Adolescent FST Guide and Individualized Action Plan (IAP).

Progress Since Round One:

In 2005, the Division developed a handbook for parents of children in alternative care. The purpose of this handbook is to educate parents about alternative care and to encourage involvement in their child's life. The handbook is to be given to parents at the time of the 24 hour meeting.

In 2007-2008, statewide training was held staff on youth involvement based on four principles: positive youth development, collaboration, cultural competence and permanent connections.

Within initial training, workers learn the importance of empowering families as they take a more active role in their case plans.

Measure of Effectiveness:

SCRT results for 2007 found 89% of the cases reviewed a strength, in 2008, 92% and in 2009, 93%.

In the CFSR mock six site results, this item was rated a strength in 60% of the cases reviewed.

The Family Support Team (FST) meetings are ingrained in the Division's culture of practice. FST's are a mechanism Missouri uses to expedite the case planning and monitoring process. Staff request meetings at any time to discuss whatever issues are appropriate. However, policy dictates a minimum number of times and at what intervals the FSTs must be held. For instance, at the time a child is placed into foster care, a meeting must be held with the parents within 24 hours of the child's removal and again then at 72 hours from the child's removal. These meeting serve as a platform to review strengths and needs of the family, discuss expectations of the court and agency as well as develop with the family so reunification can occur. Much success comes from every member understand the process and "being on the same page". If a child is about to or just has experienced a move, an FST is to be arranged to look closely at the child's needs and foster placements needs. At the same time, the team suggests ways to further this child's permanency considering the recent placement move issues.

Challenges:

One of the barriers of this item is working with parents who are uncooperative. The solution put in place is to continue to make efforts to get parents involved and document efforts clearly as a means to determine what is and is not effective.

Workers are not documenting thoroughly the level of involvement families have in the case planning process.

Promising Approaches:

Since the last statewide assessment, a promising approach that has been developed in several circuits in the state (Circuits 13, 31, and 25) is a parent education video. A group of people, through the Fostering Court Improvement initiative, discovered that many parents who are uncooperative simply do not understand the system. Thus the video helps engage parents early in the process and provides an understanding what needs to occur for their children to be returned home.

Some youth are facilitating their Family Support Team (FST) Meetings. There is still some resistance to this in some areas from court personnel. However, the once Blue Ribbon Panel, now Youth Independence Inter-departmental Initiative has made a recommendation for youth to take a stronger role in their case planning and will strategize ways to promote facilitating FSTs. In addition, our Older Youth Specialist has invited the FCI coordinator to the federal Regional District VII's Independent Living Coordinator meeting.

Item 19: Caseworker visits with child

How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

Round One Result: **Item 19** was rated as an Area Needing Improvement; 31 cases reviewed (62%) were found a strength and 19 cases (38%) were found an area needing improvement. In 19 cases the State did not sufficient meet the needs of the child due to infrequent visits and no focus on pertinent issues such as case planning, service delivery and goal attainment.

Policy Requirements:

Workers are required to visit children in the Division's custody once a month in the placement. The worker may choose to see the child more than once a month and meet with each child individually and privately. During these visits with the child, the worker should discuss the following:

- Discuss child's perception of family needs.
- Assess if the child has any feelings of guilt or blame for events which occurred or caused separation from family. Discuss with the child as needed and appropriate.
- Discuss child's loss and grief issues
- Discuss child's perception of familial and individual strengths.
- Discuss child's desires for future placement.
- Discuss Case Goal and progress made toward goal.
- Discuss the child's feelings of safety in the placement.
- Discuss child's adjustment to current placement.
- Discuss child's adjustment to new school if applicable.
- Discuss any health issues as needed.

- Discuss how child's visits with biological/removal family are proceeding. Is there anything that the child would like to see change about these visits?
- Discuss how child's perception may differ from actual events.
- Discuss upcoming court hearings or actions

Visits with children who remain in the home differ slightly from visits with children placed out of the home. For children in the home, policy requires the number of times children are to be seen according to the risk level. This can range from one visit a month to three visits a month and should occur in the home.

Progress Since Round One:

In 2005, each circuit in the state developed a plan to increase policy compliance for frequency of worker visits. This caused many circuits routinely reviewing caseload sizes to ensure a worker's workload was evenly distributed. Circuit Managers monitor the frequency through Peer Record Review Results and Supervisor Case Reviews. Some supervisors discuss worker visits during weekly case conferences.

In 2006, a memorandum based on many recommendations from the visitation workgroup (formed in 2005) introduced policy and practice changes for worker visits with children. Clarification regarding contact requirement after initial child placement was provided. A Worker/Child Visit Checklist was developed to help ensure staff were addressing all pertinent information at each visit.

In 2008, FACES developed a management report to track the worker visits with children. The report can be accessed by workers, supervisors, and managers. This report tracks visits after initial placement as well as regularly monthly visits. In addition, the reports calculates how many visits occurred in the child's placement.

During 2008 and 2009, CD Leadership took priority action to address improving the frequency of worker visits with children through the development of a strategic plan. This process involved management meetings at multiple levels including central office oversight, identifying incremental goals, identifying action steps needed on a statewide level, development of the electronic management report noted above, monitoring progress frequently at all levels (QA centrally and regionally, local monitoring by Regional Directors, Circuit Managers and Supervisors), and developing improvement strategies dependent on progress made with QI guidance. This process was successful and is a model process for continued program improvement, including PIP items.

Measure of Effectiveness:

In September of 2008, the state began utilizing a management report to track worker visits with children. Supervisors can pull up a county or circuit report and know each of their worker's performance visiting with children. In addition to reports obtained at the county and regional levels, there is also a statewide visit report. From September of 2008 to September of 2009, the agency went from meeting 59% completion rate of required number of visits with children to 88% of the required number of visits with children. This improvement is a result of data entry accuracy and the agency focus on visiting with children. The Division Director requested strategic plans from each region to improve worker/child visits. Each region posted their strategies on the agency's intranet.

In the federal worker visit report Missouri's baseline was established in FY07 with 56% of the children visited at least once a month with 93% of those visits held in their placement. In FY08, 47% were seen once a month with 91% of those visits held in their placement. In FY09, 76% were visited at least once a month with 96% of those visits held in their placement.

Strengths:

Since the last statewide assessment, the state implemented their SACWIS system, with a managed report which can track all worker visits with children. This has been both a success and a barrier. Data on worker visits with children can be pulled with ease; however, workers struggle to enter their visits in a timely manner.

Currently, the Division is emphasizing not only the visit frequency but also the visit quality (See Memo [CD10-09](#)). The memo discusses the importance of the visiting and building the relationships. A core positive outcome of spending time together through visits, whether it is worker/child, child/parent, worker/parent resource provider or sibling visits, is having the opportunity to gain understanding, trust, cooperation, and problem-solve, as individuals continue to build a relationship with one another. A relationship that establishes mutual respect and dignity, two-way communication and understanding is the foundation for best practice as staff seek to work with children, families and all others. Spending quality time with others, including children, increases the child's sense that they are valued and what they have to say is important.

The memo provides sample questions and developmental milestones for staff when visiting with children and resource providers. In addition the memo discusses how to ensure quality visits are occurring such as: 1) visit meaningful for the child 2) child is able to discuss their concerns with the worker 3) being supportive and spending time with child 4) observing child's interactions, sleeping arrangements, bedroom 5) visit is scheduled based on the needs of the children and families 6) visit is planned and pre-determination regarding which areas need to be discussed 7) discussions on changes to the child or family's circumstances. The memo goes further to discuss how a quality visit may differ for older youth and children placed in a residential treatment setting.

Challenges:

A barrier to regular visitation involves the resource providers as it is sometimes difficult to schedule appointments. There are also difficulties in residential and independent living settings with finding children at home at the time of the visit. There is much difficulty planning older youth visits around their work and school schedules. One solution to these barriers is to make sure and schedule visits with notice. In addition, staff are encouraged to schedule all their visits early in the month to provide opportunity to rescheduled if necessary. Another barrier is children who are placed out of state and ensuring we receive visit documentation. Further, caseloads are higher in some areas which make visiting more difficult. In an attempt to alleviate this problem, Quality Assurance Specialists in several regions have completed staffing analysis to ensure that caseload sizes are even across the circuit. A barrier to successful visitation with children of intact families is working with parents who are resistant or parents who are not able to be located.

Promising Approaches:

A mobility project was undertaken in selected circuits to determine if mobile technology through the use of laptops and network internet capability would allow workers flexibility to improve documentation of visits. The project was concluded in February 2010 and data regarding the effectiveness of the project is in the process of being analyzed, therefore the results are not yet known.

Item 20: Worker visits with parents

How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Round One Result: **Item 20** was rated as an Area Needing Improvement; as 27 cases reviewed, or 57% were found a strength and 20 cases or 43% were found an area needing improvement. The State did not provide sufficient frequency of visits with parents (16 cases) and insufficient quality of visitation (15 cases); one case had no visitation between the worker and the parent.

Policy Requirements:

For families with children in an out-of-home care setting, the worker is required to visit the family in the home once a week for the first thirty days and at least once a month thereafter. For intact families, the worker is responsible to visit with the parents according to their level of risk which could range from one to three face-to-face visits a month for very high level of risk. During these home visits, the worker should discuss the following with the parents:

- Familial interaction and communication styles
- Basic standards for environmental health and safety
- Resources needed in areas of budgeting, family planning, behavior management as requested by the family or directly related to child's out of home placement
- Progress in treatment plan
- Family's perception of treatment and of out-of-home care providers (if applicable)
- Reasons for removal and obstacles for reunification (if applicable)
- Basic safety issues, as determined to be an area of need or concern, such as:
 - Basic needs can be met (utilities operable, adequate food and clothing, etc.)
 - Supervision (appropriate child care plan, concerns with drug/alcohol abuse, discipline techniques, etc.)
 - Safety Hazards (weapons, medications and poisonous materials are inaccessible to children, no structural concerns with the household, etc.)
- Upcoming court proceedings and FST/PPRT meetings

Progress Since Round One:

In May of 2005, a visitation workgroup was formed to review policies and practices that impact visitation. The Parental Home Visit Checklist was developed to document visits with parents and help address safety issues. This checklist provided a visitation guide to use with the parents during the home visit. For out-of-home cases, the worker should visit with the parent in home prior to the 72 hour Family Support Team meeting to begin the family assessment. During the first 30 days a child is in care, it is recommended workers meet with the parents in the home

once a week, however, a minimum of one time per month is required. After the initial 30 days, the worker is required to visit with the parents in the home at least monthly.

Measure of Effectiveness:

The SCRT results for 2007 found 75% of the cases reviewed were a strength, in 2008, 75% and in 2009, 70%.

The mock six site review results found 75% of the case reviewed had a strength score. These review results support the SCRT findings.

Challenges:

A barrier to successful visitation is working with parents who are uncooperative or parents who are unable to be located.

Another barrier is working with non-custodial or absent parents which can be difficult to locate or to get them involved in the case.

Item 21: Educational needs of the child

How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

Round One Result: **Item 21** was rated as an Area Needing Improvement; as 28 cases reviewed, or 80% were found a strength and 7 cases or 20% were found an area needing improvement. The State had three in-home cases where children were not attending school on a routine basis and the agency did not respond to the concern and one child in foster care was suspended from school and the agency did not provide alternative education-related services.

Policy Requirements:

With intact families, educational needs are assessed through the family assessment process. Addressing the educational needs of children in out-of-home care begins with the Family Support Team (FST) which ensures each child has an educational plan. The FST is to discuss educational stability and the child's placement needs at every team meeting. In addition, the Child Assessment and Service Plan, CS-1's are completed for *every* child in out-of-home care. The child assessment requires educational information including the current or most recent school, grade level, credit hours, number of school changes in the last six months, IEP information, and educational comments.

House Resolution 6893, Fostering Connection to Success and Increasing Adoptions Act requires the Division to coordinate with schools to improve educational stability for children foster care. Based on the location of the resource provider the school district may be willing to provide transportation. In the event that the school is unwilling to provide transportation for the child to remain in their original school district, the resource parent should be approached about providing transportation. Mileage reimbursement is available to resource providers, if they were enrolled in said school at the time of placement into foster care.

When remaining in the same school district is not in the best interest of the child, the resource provider or Division staff should minimize the disruption to their new school consistent with the Foster Care Education Bill of Rights. The Bill of Rights began August 2009 and requires each school district to designate a staff person as the educational liaison for foster children.

Foster parents play an active role in ensuring educational needs are being met for foster children. They are to "act as the parent" in public school planning and placement if the student has disabilities. The Division provides foster parents access to information about a foster child's past educational history and, in contrast, they are to keep the Division informed of new educational developments. In addition, foster parents are to share necessary information with school personnel in order to secure a safe and appropriate education for the child, and to encourage the expression of the child's special strengths and special talents.

Progress Since Round One:

In 2005, a plan was developed to alleviate barriers and address educational disruptions for children in foster care. Some of strategies included: minimizing placement changes, coordinating placement changes with school schedules, when possible, fostering a positive learning environment, improve communication with schools, and maintain current school records in the child's case file. Each circuit also developed a plan to ensure that the foster parent/guardian has access to the records needed to enroll foster children in school.

In 2005, the "What's it all about" video was distributed to all the school districts in Missouri. The video was produced by the State Youth Advisory Board and shares perspectives of youth in Missouri's foster care system. The purpose of producing the video was to educate schools about the needs of children in the foster care system.

In 2005, the Agreement for a School-Based Service Worker was revised to develop a committed partnership between the Division and each participating school district to focus on child safety in the community. This program provided financial (salary) assistance for a school employee, preferably a social worker, to prevent child abuse by early identification of children at risk of abuse or other barriers that would limit full potential for success in the school setting.

In April 2005, the Division contacted the National Resource Center for Youth Development to request assistance in identifying risk factors for educational neglect, truancy, and suspensions. The Resource Center presented at a conference in June 2005. Further strategies were developed which included adding early identification of risk factors to the Child Assessment and Service Plan and Family Assessment, (CS-1 and CD-14).

In 2005, the Family Functioning Assessment form, CD-14A, and Child Assessment and Service Plan, CS-1, were updated to include additional education information including the current grade level, special services needed, and current grade level functioning.

In June of 2006, House Bill 1453 was implemented into policy. The new law allows a child in foster care to continue to attend the same school that the child was enrolled in and attending at the time the child was taken into custody by the division.

In 2006, an FST enhancement was implemented to address educational issues for maintaining school stability. As a result, the education section of the Child Assessment and Service Plan, CS-1 was also modified.

In 2007-2008, Chafee services and TLP contracts were modified to specify requirements of assisting youth with academic achievement.

The Division and Missouri Coalition of Children's Agencies (MCCA) held an educational summit in February 2008, to raise awareness on meeting educational needs of children in foster care. The educational advocate video internet training and the Educational Advisory Team resulted from the summit.

The Educational Advisory Team's mission is to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, resource providers, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team recognized three educational needs and established workgroups to address; they are Raising Awareness, Engaging and Empowering Stakeholders and Developing Tools and Resources.

Measure of Effectiveness:

Annual SCRT results for 2006-2009 regarding educational needs being met indicate since 2006, the percentage of strength scores were 66%, 71%, 69% and 66%, respectively.

In 2009, CFSR mock six site case reviews were held and found 88% of the cases a strength.

The Chafee program has 67 youth attending school in 2007 and has increased to 1026 in 2008. In 2007, 19 youth had high school diplomas compared to 295 in 2008. In 2007, there were 5 youth enrolled in GED classes and this has increased to 42 in 2008. In addition, in 2008 there are 20 enrolled in a vocational school and 143 in a post-secondary educational program. As the numbers show, there are more youth being tracked and served through the Chafee program in 2008. (See Item 10 for more older youth outcomes)

Strengths:

New policy was recently introduced to allow children to attend the same school they were enrolled in at the time of initial placement. In addition, a protocol has been put in place to ensure that the financial needs associated with this policy are met.

Challenges:

Because of a lack of resource homes, it is sometimes necessary for children to be placed outside their county of origin. Due to this, a child's academic needs are met, however, educational stability is not necessarily maintained.

In addition, there are times when schools do not have the appropriate accommodations to meet the child's needs. The agency usually works with the school to find the appropriate accommodations, but some rural areas of the state lack the resources of the urban areas.

Some staff struggle in getting the necessary documentation regarding the child's education into the child's case file. This can be especially problematic if the child has a period of placement instability where they have to move to several new placements in a short time period. Efforts have been made through case reviews to ensure that all relevant educational information is kept in the case file.

Promising Approaches:

The agency has been making significant improvements in their work with the Department of Elementary and Secondary Education to ensure educational needs of our youth are met. In addition, legislatures have supported the need for children in foster care to have continuity in their educational process.

Item 22: Physical health of the child

How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Round One Result: **Item 22** was rated as an Area Needing Improvement; as 36 cases reviewed, or 82% were found a strength and 8 cases or 18% were found an area needing improvement. The State had not adequately address the health needs of child with key concerns with a lack of adequate dental care for children in foster care.

Policy Requirements:

The initial health examination should occur within 24 hours of a child coming into care. This initial health examination does not need to be a full Healthy Children and Youth (HCY) assessment; however, the intent of the initial health examination is to ensure pressing health concerns are addressed immediately. When possible, this initial health examination should be completed by the child's current primary care physician. If a provider is not readily accessible, the initial health examination must occur within 72 hours of the initial placement. A full HCY examination, including eye, hearing, and dental should be completed no later than 30 days after the child is placed in Division's custody.

As of July 2007, youth who have exited the State's custody on or after their 18th birthday and are not yet 21 years old are automatically eligible for MO HealthNet coverage, (formerly known as Medicaid). Youth are eligible without regard to their income or assets.

For those youth who are Missouri residents but are attending an out-of-state school or visiting outside out-of-state, the provider must be willing to enroll in the MO HealthNet program. Per federal requirements, Medicaid cannot be opened in two states at the same time.

If former foster care youth has health insurance or obtains health insurance from another source such as due to their employment, youth must use their third party insurance before using MO HealthNet.

Progress Since Round One:

In November 2003, Jackson County began a partnership with ReachOut America for the provision of dental services to children in the custody of the Children's Division. The "dental van" is a mobile dentistry resource where the child receives a routine checkup which includes x-ray, cleaning, basic fillings, and extractions. More extensive dental needs are provided through a referral form to a local pediatric dentist. This service is covered through Medicaid.

In 2005, many improvements were made to the claims process to make it easier for dentists to file claims.

In January 2009, policy was developed to address the need to inform youth of their eligibility for medical coverage upon exit from care via exit packet information.

In November 2009, a PowerPoint training presentation was placed on the Division's website that further explaining the process for youth to receive their medical card upon release from care.

In January 2010, a Practice Point was issued reminding staff that every child entering out-of-home placement must have an initial health examination within 24 hours of coming into care and that a full Healthy Children and Youth (HCY) examination within 30 days of the child's entry into care.

Measure of Effectiveness:

Per the SCRT results, physical health scores were 75% in 2006, 82% in 2007, 81% in 2008, and 82% in 2009. The tool inquires about the past twelve month so if the case being reviewed has been opened longer the initial physical is not captured in the score. However in the CFSR mock six site case review, both the initial and ongoing physical health issues are covered and 61% of the cases reviewed were a strength.

Strengths:

FACES captures medical information for child in foster care. This is very important especially when a child moves from one county to another or the child receives a new worker. With this information, a worker can go into the system and find up to date information regarding the child's medical history, appointments, diagnoses, and medications, etc.

Health information system data, known as Cyber Access, is available to Quality Assurance Program staff. Cyber Access captures data from medical providers and contains extensive medical information, including dates of treatment, diagnosis, medication information. This allows the Division to have immediate access to current health information to monitor or supplement information obtained directly from providers.

Challenges:

In Missouri, finding dentists who take Medicaid is a struggle. Each circuit has developed a plan to increase the ability to access available dental resources.

In addition, provider accessibility for the initial examination within 24 hours is difficult. Missouri's policy instructs workers to have the child examined within 24 hours of obtaining custody, but this service is often unavailable.

Item 23: Mental/Behavioral Health of the child

How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Round One Result: **Item 23** was rated as an Area Needing Improvement; as 31 cases reviewed, or 77.5% were found a strength and 9 cases or 22.5% were found an area needing improvement. The State did not assess mental health needs in seven cases when assessment was warranted and in two cases where an assessment was completed but needed services were not provided.

Policy Requirements:

All children should receive a mental health or developmental screening within 30 days of the child's entry in care. The worker is to ensure children with serious emotional and behavior disturbances receive appropriate counseling, therapy and/or medication. The worker must also ensure that the resource provider has the knowledge and skills necessary to provide appropriate care for the child. Newly released policy states: children, birth to age 10, are to have a mental or developmental screening every 6 months for as long as they are in care. Children over Age 10 are to have completed mental health evaluations at the discretion of the physician.

The Department of Mental Health (DMH) provides mental health services to children who are determined to be eligible for the services. Children in out-of-home care and who are in need of mental health services may be referred to the appropriate DMH facility to meet the needs of the child. DMH has three separate divisions specializing in comprehensive psychiatric services; mental retardation and developmental disabilities; and alcohol and drug abuse. DMH also provides services to children not in CD custody. Parents should not have to relinquish custody of their child due solely to a need to access clinically indicated mental health services. Children in custody for that reason and absent a probable cause or preponderance of evidence child abuse finding can be eligible for a return to the custody of their parents through a protocol established by the passage of Senate Bill 1003.

The Voluntary Placement Agreement (VPA) is a written agreement between the Division and a parent, legal guardian, or custodian of a child under the age of eighteen (18) in need of mental health treatment. The agreement is only used when an out-of-home placement is recommended by DMH and the Custody Diversion Protocol cannot otherwise divert the need for such placement. DMH determines the need for mental health services and administers the placement and care of a child while the parent, legal guardian, or custodian of the child retains legal custody.

Progress Since Round One:

Since the last statewide assessment, the state has developed a plan to increase awareness of staff and resource providers regarding attachment and mental health issues. The plan included additional training on mental health related issues, an increase in the number of foster parent support groups, and increased community collaboration.

In 2005, The Family Functioning Assessment/Re-assessment, CD-14A, was updated to include additional mental health assessment factors.

In January 2010, the Foster Care for Youth with Elevated Needs program was revised. The changes came as a result of a workgroup composed of staff from each of the regions, Regional Directors, resource providers, and staff from Central Office. The workgroup's goal was to develop a program to improve child stability and well-being, enhance current policy, and standardize the Youth with Elevated Needs program statewide.

- Foster Care for Youth with Elevated Needs is a program designed for the youth with identifiable and documented moderate or serious emotional and/or behavioral needs. The

revised program more accurately captures the needs of the child instead of focusing on the negative behaviors.

- There are 802 youth in the Youth with Elevated Needs program. This program also acts as a preventative measure to youth entering residential care. In addition, the program acts as a step down from residential care for youth who still have behavioral and/or emotional needs and require a higher level of care than a traditional resource home.
- The revised program also introduced three new tools to help with the referral process and subsequent review process. These new tools will be used statewide in an effort to provide more consistency across the regions. After a referral is made to the Youth with Elevated Needs program, a team consisting of the case manager, supervisor, designated facilitator, and others with knowledge of the child discuss the child's needs and whether or not they are appropriate for the program. If a determination is made that they are appropriate for the program, the child and resource provider will begin to receive additional services including ongoing behavioral consultation. There is continuous evaluation of the child's status every 6 months to ensure that the children are placed in the least restrictive environment. If it is determined that the child no longer meets the criteria for the Elevated Needs program, they will be stepped down to a less restrictive level.
- Because some knowledge and skills are essential before children are placed with families, competencies were developed for resource providers of youth with elevated needs. Competencies take into account the knowledge of the resource provider and their ability to perform the necessary skills to successfully parent a youth with elevated needs. The competencies will assist resource workers in assessing the needs of the resource providers and identifying services to achieve these competencies.
- The STARS training for staff was designed to help workers understand the individual needs of the youth and to provide necessary support to resource providers. The training is not mandatory however, the workgroup recommended that licensing workers and staff who work with youth with elevated needs attend the training. The training has been posted on the Division's intranet and can be modified to fit the individual needs of staff.

Measure of Effectiveness:

The SCRT measures the child's mental health needs were identified in a timely manner and treated appropriately. The scores since 2006 have been strong with 96% of the cases rated a strength, in 2007 97% were rated a strength and 2008, 98% were rated a strength and 2009 the scores slightly declined with a 96%. Nevertheless, these scores were outstanding. The CFSR mock six site reviews found 87% of the cases reviewed a strength. The SCRT reviews over 18,000 cases a year while the mock review only looked at 75. So the difference in the number of cases review could explain the slight discrepancy.

Strengths:

Missouri has a medical information section in their computer system for capturing mental health information for the child. This section allows a worker can go into the system and see the most up to date information regarding the child's mental health including appointments, diagnoses, and medications, etc.

Challenges:

One of the biggest barriers to improving the Elevated Needs program is funding. Because of the economical situation, one of the recommendations from the workgroup could not come to fruition. Currently, resource providers of youth with elevated needs are paid as a result of negative behaviors. The workgroup wanted to be able to reward resource providers of youth with elevated needs to the youth's positive behaviors. An elaborate plan was devised, but the plan will not be able to be enacted at this time. Another barrier is that some resource providers consider caring for these youth as their job and thus their only income. When the youth's behavior improves and the level of care is reduced, often the resource provider asks that the youth be moved to another home as a result. The reduced level of care yields less pay and the resource provider is unable to sustain with the reduced income. This dynamic then in turn creates more problems for placement stability.

St. Louis County developed a plan to alleviate barriers to mental health services. Some of the barriers across the state include lack of transportation and proximity of available resources. Some rural areas of the state have to travel great distances to access mental health services. In addition, many staff lack understanding regarding mental health services and the options available. Training is needed to educate staff on accessing mental health services.

Promising Approaches:

In order to provide services to resource providers, the worker meets with the provider face-to-face at least once a month. The worker is also required to make at least one phone call a month to the provider. During these visits, the worker should discuss the following items:

- Child's reaction to separation from family
- Child's visitation with parents and siblings
- Any additional contact with parents/siblings outside of regular visitation
- Child's perception/understanding of the problem and what he would like to see happen
- Child's adjustment to placement and the resource provider's perception of the child's adjustment
- Resource provider's adjustment to the child's placement in their home
- Children's Service Worker's observation of the child's adjustment to placement
- Any changes in household composition or structure
- Any concerns with household members behaviors and/or interactions
- Any stressors on the family (physical or mental health concerns, financial issues, marital or familial conflicts, hotlines, etc.) – any concerns noted or discussed should be referred to the licensing worker for the family
- Child's eating habits and general nutrition
- Provider's concerns regarding child's behaviors
- Child's education and developmental progress
- Parent's progress in treatment plan
- Resource providers support and/or concern with the treatment plan
- Additional services necessary to maintain the placement
- Upcoming court proceedings and FST/PPRT meetings

If the resource provider raises any concerns, workers should address the concern. If the worker believes that the resource provider could benefit from additional resources, the worker should

make the appropriate referrals. In addition, each resource provider has a licensing worker who is responsible for the training and re-licensure of resource providers. The licensing worker is responsible for visiting the resource providers quarterly. The licensing worker can also help the resource provider obtain any additional services that they need.

Item 24: Statewide Information System

Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Round One Result: **Item 24** was rated as a Strength; because the CF SR determined the State's legacy system captures all of the information required to identify the status, demographic characteristics, location, and goals for the placement of every child in foster care.

System Description:

The state operates a statewide information system known as the Family and Children Electronic System (FACES). The system is to be utilized for all children in foster care, child abuse and neglect reports, and families enrolled in preventative services. FACES can identify the status, demographic characteristics, location, and goals for the placement of every child in foster care. Staff are expected to update the electronic case record in FACES timely and accurately to capture the required information for federal reports and for best practice. Case managers must use FACES as a case management tool, therefore are expected to enter their assigned case information.

Staff must enter case management updates into FACES as indicated below:

- If a child moves to a new placement, this information **must** be entered into FACES as soon as possible but no later than 2 business days after the change occurs;
- If a child has a change in legal status, this information **must** be entered into FACES as soon as possible but no later than 2 business days after the change occurs;
- If a child comes into care or exits care, this information **must** be entered into FACES as soon as possible but no later than 2 business days after the change Occurs; and
- For all other foster care activities, including worker/child visits, data entry should occur as soon as possible, but no later than 30 days after the event occurred.

Supervisors should also follow these time frames to ensure they approve activities in FACES in a timely manner. Supervisors must approve case open and close dates as soon as possible. In addition, the permanency goal should be established and entered into FACES within the first 30 days of custody.

Progress Since Round One:

In November 2004, the agency began phasing in FACES. System implementation and conversion of the legacy system data into FACES has been completed for the Eligibility Determinations (November 2004), CA/N Intake (June 2005), Investigations/Family Assessments (October 2005-May 2006) and Case Management (August 2007-December 2007). Staff received instruction on how to use the new system with the rollout of each phase through a train the

trainer model. The final phase of FACES development, Resource Management and Financial Management, is scheduled for implementation and legacy data conversion in July 2010.

In August 2009, a memorandum was sent out informing staff and supervisors of required timeframes for updating the electronic record in FACES with time specifications mentioned above.

An Adoption and Foster Care Analysis Reporting System (AFCARS) review occurred in March 2009 and the Division is currently addressing changes through a two-year AFCARS Improvement Plan to assure correct reporting of foster care data.

Measure of Effectiveness:

There is a process in place to continuously improve upon the current information system. Staff can choose to complete a system change request form outlining the specific request and providing an explanation of the reason the change is needed. Change requests which are considered mandatory are prioritized by the Deputy Director and those not considered mandatory are sent to the Change Control Board for approval and prioritization. The Change Control Board is comprised of field and Central Office staff and meets quarterly.

Strengths:

FACES has moved the agency toward a paperless system and enabled case information to be shared more quickly between counties, especially when a family or child moves. FACES maintains historical data on-line, which was not available with legacy systems, providing staff with a holistic view in determining the best approach to serve a child and/or family. FACES replaces eleven (11) "silo" legacy systems, providing a single statewide system that supports a consistent, complete and standardized data collection methodology to provide a broad view of family circumstances to allow for positive family outcomes.

Challenges:

Data integrity has been a concern due to conversion issues, in addition to a data entry learning curve and some resistance of staff. Some edits previously in place in legacy were not implemented into FACES, and likewise, some edits currently in place in FACES were not present in legacy systems. These factors have resulted in missing or incorrect data, or untimely data entry, and extensive data clean-up efforts have been necessary to standardize the data and bring electronic case records to an acceptable level of completeness.

As with any automated system, ongoing efforts to debug, maintain, enhance and address usability issues are required. Some staff continue to struggle with adapting to the electronic case record and process change. System change request forms are regularly submitted to request changes and/or improvements to the system.

Another challenge associated with the FACES system is oversight of cases in the system. In Missouri a family-centered services case must be opened on the parents when their child is placed out-of-home setting as previously discussed in the family centered services introduction section. If the parents do not live in the same household, then two cases must be opened for each parent. The child's information is kept in the alternative care tracking system and the family's

information is maintained on the family-centered services tracking system, but the child's case shares a common case number with only the primary parent. Through the random sampling process for the statewide assessment, there were several issues where cases were opened but not closed, or transfers accepted by other counties. The worker and his/her supervisor are ultimately responsible to track and maintain an accurate accounting of open and close cases. As Missouri has reduced paper reports in lieu of electronic reports, field supervisors and managers are adjusting to monitoring cases through this process.

Item 25: Written Case Plan: *Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?*

Round One Result: **Item 25** was rated as an Area Needing Improvement because CFSR findings indicated that, during the onsite CFSR the foster care children have case plans. It is noted the FST meetings were helpful in engaging multiple parties in the development of the plans but parental participation varied across jurisdictions and programs. This was supported by data from the three sites as parents and youth participated in 100 percent of Jasper County cases, compared to 43 percent in St. Louis County and 42 percent in Jackson County.

System Description:

In Missouri, foster care policy remained consistent between CFSR round one and two, as permanency planning and its inherent decision-making permeates the child's placement in out-of-home care. The goal of out-of-home care is to provide each child who enters a safe and stable environment with nurturing caregivers. This goal implies no child should be allowed to drift in out-of-home placement. Furthermore, the Family-Centered-Out-Of-Home Care (FCOOHC) policy requires that case planning decisions must be made through the Family Support Team (FST) process within specified time frames.

FCOOHC policy dictates the Family Support Team is to meet within 72 hours of a child placed in state's custody. The FST members are the worker, supervisor, along with the parents/caregivers, child (if age appropriate), juvenile officer, Guardian Ad Litem and/or CASA, parents' attorneys, if applicable, family helper/advocate, placement provider, currently involved treatment providers and school personnel. A child must have a FST meeting even though it is anticipated the child will be reunified with parents within a short period of time; or, the Division is planning to place the child for adoption within a short period of time. FST meetings are conducted according to the prescribed time schedule for as long as the court holds jurisdiction of the child, the Division has custody, and the child is in an out-of-home care setting. FST meetings are believed to be an effective vehicle for moving children to permanency.

The 72-hour FST meeting is a mechanism for acquainting team members with the circumstances which contributed to the out-of-home placement. Prior to this 72-hour FST meeting, the worker begins an assessment of the family and child utilizing the CD-14 (Family Assessment) form and the CS-1 (Child Assessment and Service Plan). The entire assessment and case planning process is to be completed within 30 days from when a child enters care. FST meetings are then held at a minimum of every 30 days until court adjudication, and then every six months thereafter.

The written case plan (CD-14B) acts as the preliminary case plan developed at the 72 hour FST meeting. This plan is intended to cover the first 30 days the child is in care. At the end of the first 30 days of custody, the Child Assessment and Service Plan (CS-1) takes its place as the written case plan. The CS-1 is to be presented during the initial Family Support Team (FST) meeting, with the FST members participating in the development of the case plan. Any

identifying information and summary of prior services offered to the family is to be documented by the worker before the FST meeting. The CS-1 is completed within thirty (30) days of initial custody and reviewed for appropriateness at the 30-day FST meeting. The form is then reviewed and updated as needed for the subsequent FST meetings. The CS-1 is designed to be dynamic form to which information can be continuously added over the life a case.

The case manager will provide each team member with a copy of each individual child's current child assessment (CS-1). Identifying information about the family and each child as well as a summary of efforts to prevent placement, should be thoroughly documented on the CS-1 before the meeting. All other summary sections, requiring assessment of progress in reunification and providing permanency, visitation, appropriateness of child/youth adjustment to placement, development of the primary case plan, development of the concurrent plan, and the development of a written service agreement are completed by the team during the FST meeting. One CS-1 form is to be completed for each child.

A written case plan is also required for intact families. The plan must be developed in conjunction with the family within 30 days of the case opening. The plan must then be reassessed every 90 days until case closure.

Progress Since Round One:

In December of 2005, the revised Family Assessment packet was introduced. These tools were designed to assist staff in conducting more thorough and comprehensive assessments of family's history, structure and functioning, identifying family strengths, supports and service needs; and translating those strengths, supports and service needs into meaningful service plans that reduce risk of future child maltreatment and maintain positive change in family functioning. In addition, the written service agreement was revised. Goal and task development questions assist workers in processing and setting measurable, time limited goals connected directly to service needs identified on the Family Functioning Assessment or by the Family Support Team. The tasks development questions should direct the worker to formulate concrete, obtainable tasks designed to move the family toward stated goals. Goals and tasks should be developed jointly by the worker and the family. The written service agreement is used to document the service plan for intact families. It is also used as the preliminary treatment plan developed at the 72-hour FST meeting after a child has been placed in out-of-home care which covers the first 30 days the child is in care. At the 30 day FST meeting the Child Assessment and Service plan is to be completed.

Measures of Effectiveness and Change:

Form and Training Enhancements

Missouri has enhanced the CD-14B, which is the initial written service agreement, required for parents involved through both intact and foster care programs. Along with the CD-14B enhancement, training focused on family engagement and was split into individualized modules. These enhanced trainings are: for workers, *Intact Families Advanced In-Service* and *Family-Centered Out-of-Home In-Service*; for supervisors, *Enhanced Basic Supervision Training*, *Effective Meetings In-Service*, and *Supervisor-level Intact Families Advanced In-Service* and *Family-Centered Out-of-Home In-Service*.

First Round PIP Activities

At least quarterly, each circuit planned activities focusing on identified PIP items, such as Item 25, and reported back to central office. For example, Circuit 3 would monitor every worker and supervisor participating in CD14 enhancement in-service training or require contracted consultants to provide additional training on family engagement or relationship building training.

To evaluate the impact of the form and training enhancements and PIP activities, the Supervisory Case Reviews (SCR), specifically, Item 18, child and family involved in case planning, was monitored. Since 2006, the data has shown an upward trend from 81 percent to 95 percent compliance in 2009.

Additional Activities

In 2004, the Children's Division began the process to become accredited by the Council on Accreditation (COA). As each of Missouri's 45 judicial circuits evaluated its level of readiness for a COA site visit, cases were reviewed. Assessments and service planning and how well families were engaged in the service planning process were a focus. During the COA site visits that occurred from 2006 through 2009, COA reviewers clarified and verified, through staff, stakeholder, and consumer interviews, and through on-site review of case records, whether and how well families were participating in their service planning. In November, 2009, Missouri's entire child welfare system (i.e. all 45 judicial circuits and Central Office Administration and the Hotline) was deemed accredited by COA.

Maintenance activities were put into place upon each circuit's approval by COA. Case record reviews are a standard part of each circuit's maintenance of accreditation plans. All types of cases are reviewed annually, at a minimum, and more often if warranted. Family participation in case planning is a key element reviewed for compliance. Using data findings from these reviews, recommendations for practice improvement are made and implementation strategies are monitored.

Consumer Surveys

Since 2001, the Division has sent surveys to the foster care population if age appropriate. Following is data pertaining to the written case plan.

Table 14: Annual Foster Care Youth Survey Results (Before First Round), Question 12: I know my permanency plan.

Year	Total Surveys	Disagree	Neutral	Agree
2001	221	24%	17%	59%
2002	422	22%	17%	61%
2003	413	19%	18%	63%

Table 15: Annual Foster Care Youth Survey Results (After First Round), Question 12: I know my permanency plan.

Year	Total Surveys	Disagree	Neutral	Agree
2004	384	20%	19%	61%
2005	357	19%	15%	66%
2006	352	16%	17%	67%
2007	258	19%	13%	68%
2008*	34	17%	15%	67%
2009	1355	14%	18%	68%

*In 2008, surveys were suspended due to FACES conversion.

As the data shows, there are slightly higher percentages of youth who agree than those who disagree after the CFSR on-site review held in December, 2003. This indicates there have been slight improvements in youth involvement and knowledge of their case plan.

Factors Affecting Performance:

Workers' and supervisors' skill level for engaging families and working as a team affects the case planning process. If the worker has not built a relationship with the child or family, it could lessen a family's desire to *want* to engage in the case planning process.

High caseloads prevent workers from spending the time necessary to build relationships with the child or family, and effect the trusting relationships between family support team members. Through the accreditation process, caseloads sizes were reduced and monitored for COA compliance. However, due to the recent economic downturn, a hiring freeze is in effect and may result in higher caseloads, which in turn, *could* cause the case planning process to be rushed and impede Missouri's progress.

Strengths:

Within the circuits participating in the *Fostering Court Improvement*, collaboration between the Division and OSCA has improved and the trust between offices is increasing, which is often hard to measure. This partnership has enhanced the "team" effort which has resulted in better plans, more specifically, individualization of case plans. In some geographic areas, specialists provide enhanced training, focusing on the quality of case plans which was a need identified through a case review process. In each region, monitoring of data occurs and if an issue arises, strategies are put into place as the local issue is not a statewide issue and can be rectified at the local level.

Challenges:

Occasionally through case reviews, findings show the child came into care for a safety concern but remain in care due to risks sometimes not associated with the safety concerns. These challenging cases must be monitored closely by the "team" and focus must be kept on the best interest of the child to gain permanency.

Item 26: Periodic Reviews

Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

Round One Result: **Item 26** was rated as an Area Needing Improvement; because the CFSR determined that FST meetings are not consistently held in a timely manner and do not meet the Federal requirement that a person who is not involved in the case must be a participant in the review (i.e., a third-party participant).

System Description:

The State's version of the periodic review is an administrative review known as a Permanency Planning Review (PPRT). PPRT meetings are to be conducted prior to the date of the child's

sixth month in care, and every six (6) months thereafter as long as CD has custody. PPRT meetings are held to determine:

- The safety of the child;
- The continuing necessity for and appropriateness of the placement;
- The extent of compliance with the case plan;
- The extent and progress which has been made in alleviating or mitigating the causes necessitating placement in foster care; and
- To project a likely date by which the child may be returned to and maintained in the home or placed for adoption or legal guardianship.

To be counted as a PPRT meeting, the meeting must be open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services, to either the child or the parents who are the subject of the review.

Progress Since Round One:

In 2005, St. Louis County established a workgroup to improve the periodic review process. One problem cited was the lack of third parties reviewers. The county created a pool of third party reviewers so staff would have several people to choose from when selecting and scheduling. By 2006, St. Louis County had 75 people in the community volunteering to be third party reviewers. In addition, many other circuits followed suit by identifying and/or recruiting third parties who would participate in the periodic reviews.

In May 2006, a memorandum was issued distinguishing Permanency Planning Review (PPR) and FST differences. These meetings are similar in scope but PPRs must have an objective third party in attendance and cover very specific elements. In addition, PPR must have a parent or a child in attendance and discuss safety of the child, continuing necessity for and appropriateness of placement, review of compliance with case plan, review of progress for alleviating or mitigating the causes necessitating foster care placement, and project a likely timeframe for reunification or a more permanent living arrangement.

In 2009, a Practice Point was issued with tips for scheduling PPR meetings. Some of the strategies included were: scheduling the meetings early enough to ensure that PPR timeframes are met, maintain a log to track PPR due dates, schedule the next PPR meeting at the current PPR meeting and during supervisory conferences discuss upcoming meetings.

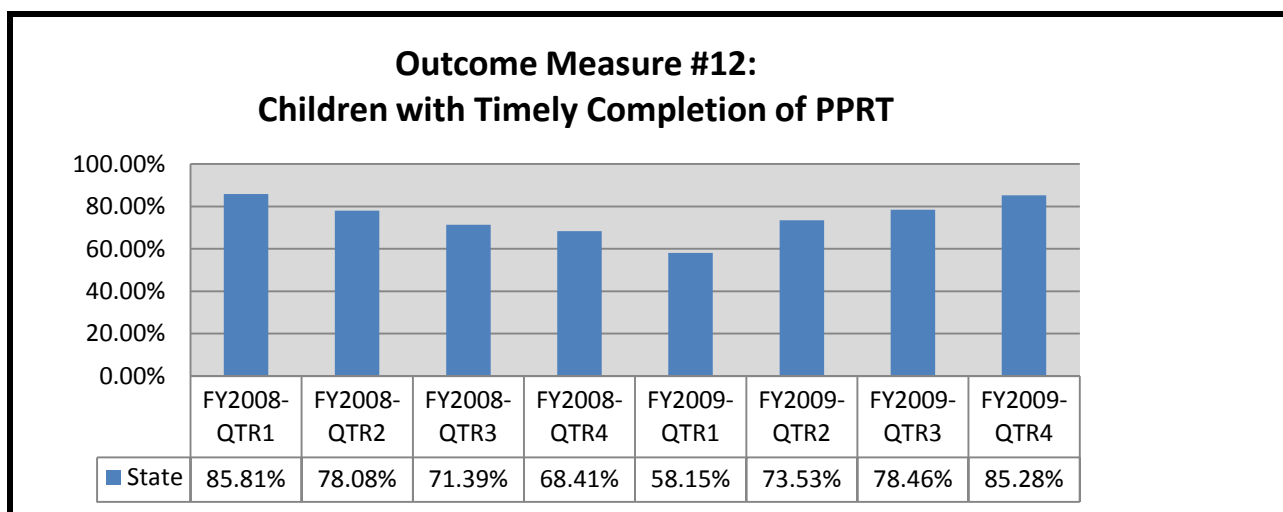
In December 2009, a memorandum was issued to staff regarding trial home visits. The memo clarified that PPR meetings must continue even when the child is on a trial home visit. The PPR meetings cease when the Division no longer has custody.

Measure of Effectiveness:

In Figure 14, the bar chart illustrates the PPRT which are held timely. As the chart indicates, there is a steady decline from 2008 first quarter to 2009 first quarter. The information system had lacked a needed edit to alert staff to choose the PPR indicator when entering Family Support Team meeting information. The edit was added which then required a series of questions to be

answered (including third party attendance) with an “update” button selected. After this edit was added, the data shows a steady increase, as the graph illustrates.

Figure 14: Children’s Division Child Welfare Outcomes Report, Outcome Measure #12



The Division uses the consumer survey results from older youth to determine the efficacy of PPR and FST meetings. Here are the results related to PPR/FST meetings:

- 77% of the youth agree they are able to attend meetings and talk about their future
- 67% of the youth agree they know their permanency plan
- 79% of the youth feel like they belong to a family
- 93% of youth have a caring adult in their life

On March 20, 2010, a focus group was held with 24 youth from the State Youth Advisory Board and all confirmed participation in FST and PPR. At one time or another, a few stated they missed a meeting because of a schedule conflict.

Strengths:

The Division has a well defined policy and protocol. Family-Centered policy includes FST procedures and requires parents and children participate in case planning, goal setting, and FST meetings. Court hearing timeframes coincides with FST meeting schedule.

Challenges:

One challenge seen statewide is when the third party reviewer fails to show up for the meeting. All the participants are present and it becomes difficult to find a replacement on such short notice.

Another challenge involves the entry of the PPRT into FACES. The entry involves a two part process. First, the worker must enter the information from the meeting into FACES. Then, the worker must check a box and go to a separate screen to answer questions to verify that the meeting held was a PPRT. Many staff have forgotten to answer the questions listed on this separate screen. The PPRT is not considered to be complete until this occurs, which causes the system to show the meeting as incomplete when the meeting actually occurred.

Item 27: Permanency Hearings

Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

Round One Result: **Item 27** was rated as an Area Needing Improvement; because the CFSR determined that the State does not have a process in place to ensure that, on a consistent basis, each child in foster care has a permanency hearing no later than 12 months from the date the child enters foster care and no less frequently than every 12 months thereafter.

System Description:

The policy requires staff to seek out a permanency hearing no later than 12 months after the child enters foster care and every 12 months thereafter for the purpose of determining whether the child should be continued in foster care; returned to a parent, guardian or kinship; or proceedings should be instituted to terminate parental rights (TPR) and legally free such child for adoption.

Progress Since Round One:

In 2005, Jackson County CD discovered workers were not entering the permanency hearings into the information system. Statewide, lists of missing permanency hearing dates were sent out to staff to clean-up data entry.

In 2005, each circuit developed a plan to increase timeliness of 12 month permanency hearings by collaborating with the Office of the State Courts Administrator (OSCA) to ensure joint accountability for timely court hearings. OSCA was developing a system where they could capture timely permanency hearing information electronically.

Measure of Effectiveness:

After the 2005 collaboration, the OSCA data management systems was tracking timely permanency hearings plus requiring a reason why the hearing was not timely. If hearings were not held timely, they were asked to develop a plan to overcome barriers. The most prevalent reason for not holding timely permanency hearings was an unavailable court date, followed by an unavailable GAL. In focusing on this issue, the courts have greatly improved in holding timely permanency hearings. In 2006, there were 92% held timely and has increased to 98% in 2009.

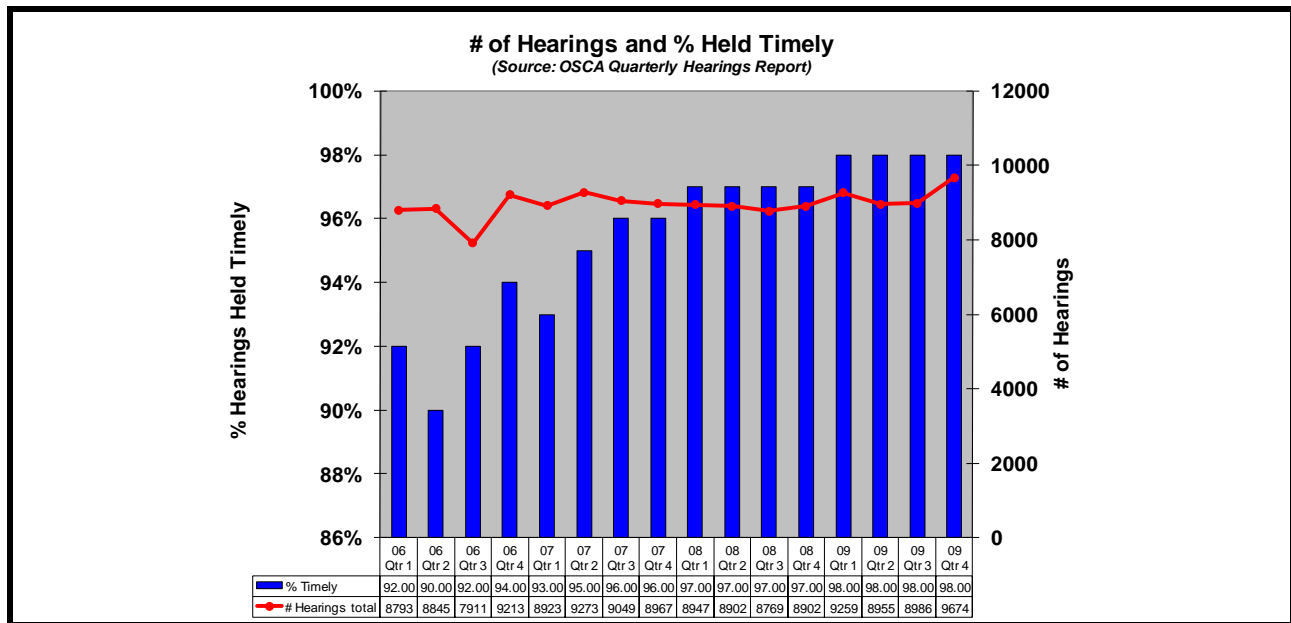
Supreme Court Rule 124.01 established time frames for hearings in any proceeding filed pursuant to §211.031.1(1), RSMo (child abuse/neglect cases). These time frames are consistent with provisions in §211.032, RSMo. A timeline card for child abuse/neglect hearings was revised to reflect Missouri law changes with the passage of HB 1453. Below are the timeframes established by the Supreme Court Rule.

Table 16: Supreme Court Rule Time Frames for Hearings

TIME FRAMES FOR HEARINGS	
Hearing Type	Time Frame
Protective Custody Hearing	Required within 3 business days of date juvenile is taken into protective custody
Adjudication Hearing	Required within 60 days of date juvenile is taken into protective custody
Dispositional Hearing	Required within 90 days of date juvenile is taken into protective custody
Dispositional Review Hearing	Required every 90-120 days after dispositional hearing for 1 st 12 months
Permanency Hearing	Required within 12 months of date juvenile is taken into protective custody and at least annually thereafter; OR within 30 days of finding that reasonable efforts to reunify are not required and at least annually thereafter
Permanency Review Hearing	Required at least every 6 months after each permanency hearing

Strengths:

Figure 15: Office of State Courts Administrator Timely Hearing Reports



As indicated in the chart above, based on the Office of Court Administrator Quarterly Hearings Report, courts across the state are successfully holding court hearings timely.

Promising Approaches:

The Supreme Court provides a Supreme Court Permanency Award to publicly recognize those circuits which had been the most successful in achieving standards for timely hearings in child abuse and neglect cases. To qualify for this award, circuits must rank among the top two in their

size class, based on the percentage of total hearings that were held timely. Size class is determined by total hearings due. The recipients to receive the award in 2008 held at least 99 percent of their child abuse and neglect hearings within the required time frames. This achievement results from leadership and the hard work of judges, commissioners, juvenile officers, clerks and other support staff.

Item 28: Termination of Parental Rights

Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

Round One Result: **Item 28** was rated as an Area Needing Improvement; because CFSR findings indicate that the Children's Division does not comply with the statewide process for termination of parental rights (TPR) proceedings in accordance with the provisions of ASFA.

System Description:

The permanency plan for each child who has been in out of home care for 15 out of the most recent 22 months must be reviewed. The state must file a termination of parental rights (TPR) petition unless compelling reasons exist for not filing the petition.

Permanency hearings are mandated to occur within 12 months of a child's entry into care. A permanency hearing is meant to result in a definitive decision as to the placement of a child in a permanent setting. The juvenile court will be required to enter a decision regarding whether and when a child will be returned home; a termination of parental rights petition filed and placed for adoption; or another permanent plan.

Three reasons allowable for not filing for TPR under the required circumstances:

- The child is being care for by a relative;
- Compelling reasons exist; or
- The Children's Division has not provided reasonable efforts.

Some compelling reason examples:

- There are no legal grounds to file the TPR;
- Adoption is not the appropriate permanency goal for the child;
- The child is an unaccompanied refugee minor; or
- There are international legal obligations or compelling foreign policy reasons that would preclude terminating parental rights.

A plan or involuntary termination of parental rights may be appropriate when there is clear and convincing evidence one or more of the specified legal grounds for filing a TPR exist in the case and termination of parental rights is in the best interests of the child. When the Family Support Team determines the child's best interest would be served by pursuing involuntary termination of parental rights, worker should take the following steps:

- Review termination of parental rights statutes and determine if case information is consistent with TPR grounds for an involuntary action

- Advise the parents of such and explore with them the prospects of voluntary relinquishment of their rights. If the parent is represented by an attorney, the worker should not discuss this issue with the parent without first notifying the attorney and asking whether the attorney has any objection to the worker discussing the prospects of voluntary relinquishment of their rights
- Seek a staffing with local juvenile court officials to fully assess case prior to submitting a formal written request for involuntary termination of parental rights
- If a staffing cannot be arranged, prepare a formal written request for involuntary termination of parental rights setting forth the basis for recommending termination of parental rights, along with any supportive documentation
- Notify parents in person, if possible, and by registered mail of Division's recommendation to juvenile court to pursue involuntary termination of parental rights
- Submit a written report in accordance with local juvenile court policy
- Receive written decision from juvenile officer regarding intent to file TPR petition

Progress Since Round One:

In 2007, Missouri revised its statute regarding termination of parental rights by adding petitions may be filed by the juvenile officer *or* the division, or if such a petition has been filed by another party, the juvenile officer *or* the division shall seek to be joined as a party to the petition, within sixty days of the judicial determinations. Failure to comply with this requirement shall not deprive the court of jurisdiction to adjudicate a petition for termination of parental rights that is filed outside of sixty days.

Measure of Effectiveness:

Per the Data Profile, Missouri surpassed the benchmark for composite 2; however Component B, Measure C2-3 the outcome of 14.6% for 2008 and 18.7% for 2009 was below the national median and the 75th percentile benchmark. This measure considers children in care 17 plus months who were adopted by the end of AFCARS year. But data from 2007 to 2009 show the trend moving in a positive direction.

In Measure C2-4, considers children who were in care 17 plus months and achieved TPR for both the mother and the father during the first six months of the AFCARS year. Missouri exceeds the 75th percentile benchmark of 10.9% with 13.9%, 11.4%, 12.6% in 2007, 2008 and 2009 respectively.

In sum of Composite 2, Missouri moves children from the foster care population to a finalized adoption however in a delayed fashion, but is fairly quick in achieving TPR for children in foster care for 17 plus months.

Strengths:

The agency has strong policy regarding the process for filing for termination of parental rights. Each circuit has a representative from the Division of Legal Services with whom they can make a referral to if they have issues with filing a TPR petition. In addition, there is new training available upon request to assist workers and supervisors to understand what evidence is needed to build a strong termination of parental rights case. The training, *Legal Aspects*, teaches the legal obligations associated with filing for TPR.

Challenges:

The TPR process including preparing the referral, filing the referral and setting a court date is a time consuming process. The worker does not always complete TPR referral packets in a timely manner, and in turn, the Juvenile Office does not always submit TPR referrals timely. Some rural areas of the state have difficulty setting court dates to hear the motion for TPR. To remedy this, many circuits have developed local strategic plans to improve the timeliness of this process.

Promising Approaches:

A checklist for TPR judgment has been developed for Judges to ensure that proper procedures are being followed when considering a judgment to terminate a parent's rights. The goal is to share this information with Judges trying to prevent TPRs from being overturned.

Item 29: Notice of Hearings and Reviews to Caregivers

Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Round One Result: **Item 29** was rated as an Area Needing Improvement; because the CFSR determined that the State did not have a statewide process to ensure the consistent notification of caregivers about court hearings or to ensure that they could be heard in those hearings on a consistent basis.

System Description:

Foster Parents have the right to receive notice of court hearings relating to the children in their care and the right to be heard at those hearings.

Pursuant to Section 211.171.3 RSMo, courts shall provide the current foster parents of the juvenile, or any pre-adoptive parent or relative currently providing care for the juvenile, with notice of, and an opportunity to be heard in, any hearing to be held with respect to the juvenile.

Even though the courts shall provide the current foster parents notification per the Foster Parents Bill of Rights, the Division has in current policy, a worker, upon the notification of a court hearing, should mail a notice of this hearing to the foster parent. This notice should be mailed no later than (14) days prior to the hearing. Once the notice has been mailed, the Children's Service Worker will follow-up with the foster parent reminding him/her of the hearing. The notice should be copied and placed in the legal section of the child's case record along with documentation of the follow-up call in the narrative.

Foster parents may choose to appear in court and provide information to the court verbally. They may also choose to provide written information via the Caregiver Court Information Form which provides information to the court regarding the child's health, behavior, education, services, and progress in the placement.

Progress Since Round One:

In 2005, each circuit developed a plan to ensure foster parents be notified of court hearings and allowed to be heard in court. In addition, an emphasis was placed on ensuring that workers included the correct names and addresses of the foster parents in their court reports.

In July 2006, a memorandum was sent out to staff informing them of the requirement to notify resource providers of court hearings and their opportunity to be heard in court. Staff were to ensure that the foster/adoptive parent's correct name/address was documented in court records. Upon the notification of a court hearing, the worker mails a notice of this hearing to the foster/adoptive parent. This notice is mailed no later than (14) days prior to the hearing.

In July 2008, the Caregiver Court Information Form was introduced. Because all foster parents have a right to be heard in court, this form serves as an optional tool completed by the foster parent.

Measure of Effectiveness:

Per the surveys sent to parents, foster parents and children in foster care below are the results for 2009.

Table 17: 2009 Annual Survey Report

	Surveys Complete	Always	Usually	Sometimes	Never
Parents					
Informed of court hearings	164	28%	17%	21%	31%
Opportunity to be heard	164	48%	12%	15%	21%
Youth					
Informed of court hearings	635	67%	18%	10%	4%
Opportunity to be heard	635	59%	20%	11%	17%

	Surveys Complete	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Blank
Foster Parents							
Informed of court hearings and have input	1167	44%	28%	13%	6%	3%	6%
Opportunity to be heard	1167	26%	25%	21%	7%	7%	14%

As the Table 17 shows, youth score the highest percentage in both informed of court and opportunity to be heard. While parents perceptions are the highest with never being informed. Oftentimes, parents move and do not provide the Division with a forwarding address.

Strengths:

In some areas of the state, the courts ensure that foster parents are provided notice and right to be heard in court. The workers must assure that the court has the correct mailing address for the family.

In addition, some courts set the next court date during the current court hearing so all parties know in advance.

Challenges:

If the court does not have the correct mailing address for the foster parents, they cannot be provided notice. To resolve this, staff in many areas of the state are making attempts to ensure that the court always has the most up to date information regarding the child's placement.

In addition, there has been a problem with determining where the responsibility lies for notification of court hearings. The CD worker may think that the juvenile office provided the notification when they have not. Each circuit should establish a protocol for ensuring that this is completed as it is ultimately up to the Division to ensure that foster parents receive notification of court hearings.

Items 30 and 31 are combined for the Statewide Assessment

Quality Assurance System

Item 30: Standards Ensuring Quality Services

Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Item 31: Quality Assurance System

Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

Round One Results: **Item 30** was rated as a Strength because CFSR findings indicate the State has developed and implemented standards to ensure that foster children are provided with quality services that protect their safety and health.

Item 31 was rated as a Strength because the CFSR found that the State is operating an identifiable quality assurance system statewide.

System Description:

The Quality Assurance Program is inclusive of two units: the Quality Assurance Unit and Quality Improvement Unit. The Quality Assurance Program has been restructured since round one. Details regarding the structure of the program is included in the section just below on progress since round one. The Children's Division believes the CFSR, Continuous Quality Improvement (CQI), and efforts made toward achieving state accreditation through the Council on Accreditation (COA) are intricately tied to one another. Many activities related to these three programs overlap, such as review of outcomes, case reviews and improvement efforts. Similar to CFSR standards, COA standards (further discussed in the introduction and throughout this assessment) are designed for ensuring quality services.

The comprehensive Child Welfare Manual Policy is evidence the State has set standards for investigative and ongoing case management activities, and for many of the activities performed within systems that support the Division's work with children and families.

Collaborations

Collaboration is one effective method for assuring quality service delivery and accountability of outcomes. Key collaborators for practice as well as quality assurance are numerous. Practice collaboration occurs routinely between Division staff and other agencies, law enforcement, school personnel, courts, therapists, physicians, service providers, attorneys, advocates, resource providers and families.

Central Office leadership, Regional Directors and Field Supervisors are critical to the success of the Quality Assurance program in Missouri. The leadership and direction provided to field staff for quality assurance requirements (such as case reviews), along with an honest interest in how outcomes are impacting the child or family is strong in Missouri. Collaboration with the court is equally important, and for the most part is a strength in Missouri. Foster youth, biological/adoptive parents, and foster/relative parents are key collaborators and play an important role in the feedback they share through consumer surveys or constituent complaints.

Casey Family Program has agreed to provide creative oversight for achieving outcomes in identified priority areas of practice. Casey is also offering to help train QA staff on how to interpret data for staff effectively and prepare them in using and promoting field use for the new electronic dashboard outcomes following development.

Another key collaborator is the Department of Social Services Research and Evaluation Unit, who is extremely supportive of Quality Assurance matters. This unit often finds outliers or sees trends in practice while producing reports and take steps to bring it to the attention of the Quality Assurance Unit. The Information and Technology Support Division is similarly supportive and critical for assuring the information system is designed with extraction and the use of data in mind.

In addition, the Division has collaborative involvement with universities for assessing practice and has implemented numerous practices as a result. Examples include a study completed on the efficacy of supervision for support to front line staff, assistance in implementing a pilot for 360 evaluations, assistance in developing learning labs for supervisors, and development of a strategic collaboration and training initiative which is now implemented statewide.

Creative Use and Sharing of Data

Data is consistently used for monitoring practice effectiveness and ensuring quality services. Data is used for management oversight as well as to drive case management decisions by field staff and supervisors. Reports are regularly produced, some of which are published, and most are posted on the Division's Intranet and/or Internet for use by CD staff and stakeholders. Reports include proxies for CFSR outcomes as well as other areas of practice.

Ad hoc reports are an integral part of QA and are used for many purposes. Local or Regional measurement of service delivery effectiveness are the most common reasons for ad hoc reports from the field. QA specialists either contact the central office manager for information or directly contact the Research and Evaluation Unit to obtain needed information. Ad hoc reports are used by middle or upper level managers to address policy or program related issues affecting quality services on the front line or to inform outside stakeholders about child welfare matters.

Outcome data is used in a variety of ways with Division staff and partner agencies. QA specialists routinely create data tables and charts for circuit staff and the courts, highlighting practice areas needing improvement, and to show progress made. Once an area of improvement is identified, quality improvement efforts occur as discussed later in this section.

Outcomes are regularly shared with all levels of staff through the CQI process and through the quarterly CQI “In Focus” Newsletter, which becomes the driver of focus and discussion for each quarter’s CQI teams. The CQI newsletter highlights key outcome areas of focus for all Children's Division and contracted case management staff every quarter. The newsletter reviews data for staff and emphasizes areas of practice needing attention. The newsletter exclusively focuses on outcomes related to child permanency, safety, and well-being. Recent newsletters have featured issues such as involving the non-resident parent, timely permanency planning team meetings, the use of APPLA as a case goal, and quality worker visits. Outcome reports, including a report on the frequency of worker visits with children, are also available to staff through the information system. See also below the promising approach regarding the development of a digital dashboard which will make additional reports more accessible and individualized for staff.

Progress Since Round One:

After the first round of the on-site CFSR review, the Quality Assurance (QA) program was restructured. In March 2005, the new Quality Assurance Unit was formed. Composed of a Unit Manager and seven regionally based Quality Assurance Specialists, the unit was designed to meet circuit, regional and statewide quality assurance needs. Each QA Specialist received extensive training in data analysis and computer software training (MS Excel). The QA Specialists monitor outcome measurements on a regular basis to determine service delivery and program effectiveness. In addition, QA Specialists monitor the case review information and assist staff in identifying trends and weaknesses. Measuring, monitoring and improving the quality of service provision are central to ensuring positive outcomes for children and families served by the division. Three additional staff have since joined the QA Unit, including a Management Analysis Specialist responsible for CFSR Coordination, and two Program Development Specialists, who provide support and oversight for QA activities.

Quality Improvement (QI) is a team process for achieving desired organizational results. In June 2007, the QI Unit was formed, and seven regionally based QI specialists were hired to assist circuit managers, supervisors and workers in planning and implementing change through various methods including: assisting in COA preparations and sustainability for sites already reviewed; specialized training, case reading, situational modeling and employee shadowing. By employing a QI process which is founded on a good solid QA framework for data collection and monitoring, the Children's Division has improved its efforts to provide high quality and sustainable child welfare services. The QA and QI specialists are co-supervised by Regional Directors and a respective QA or QI Central Office Unit Manager. QA and QI staff work together to identify gaps between desired and actual performance and identify root causes for poor performance, and they strategize to close the gap in service delivery. This partnership between QA and QI is a key step towards achieving best practice. Many QA and QI structured activities are in place to assure practice effectiveness and the achievement of desired outcomes.

Quality Assurance was incorporated into the Foster Care Case Management (FCCM) agencies in mid-2008 contractually and in practice. Each FCCM agency has a designated Quality Assurance representative who is the liaison to the Division’s QA/QI staff and who also has responsibility for Quality Assurance and Improvement functions for the agency. The Division QA/QI staff meet quarterly with the private agency QA teams to review and discuss regional outcomes and

strategies for improvement. The private agencies also participate in Peer Record Reviews with the Division, surveying consumers, joint data integrity efforts through data clean up, workgroups, and the Division's QA meetings. They have full intranet access to the published outcomes reports and they receive quarterly CQI newsletters highlighting progress on key outcomes.

Measure of Effectiveness:

Since CFSR Round One, the Division achieved national accreditation from the Council on Accreditation (COA) based on five years of preparation and on-site reviews and successful demonstration of best practice standards.

Consistent results from various case reviews provide validation of outcomes. Because cases are chosen based on random samples and different levels of staff conduct case reviews, when results show consistency, it is an indication that the tools are effective for measuring practice. When pulling outcomes, it is common practice to review results from a variety of these case review or consumer survey sources in addition to published outcomes reports. Conversely, when the same report source is used over a period of time, it can be a good measure of trends, improvements or declines in performance as well.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a process which involves all staff in the evaluation of the effectiveness of services provided to participants by the Division. Evaluation involves the examination of the Division's internal systems, procedures, and outcomes; the examination of input from participants; and the examination of relationships and interactions between CD and other stakeholders. Tenants of the CQI process include:

- CQI allows service providers to look at their activities and task performance and create plans for improvement.
- CQI is different from traditional quality assurance in that its focus is self-directed, self determined change rather than change imposed by an external entity.
- CQI determines whether services meet predetermined expectations of quality and outcomes.
- CQI attempts to correct observed deficiencies identified through the CQI process.
- Every person is part of a CQI Team.
- The CQI process involves multiple levels of team meetings.
- Each team sends one representative to the next level meeting.
- All CQI meetings and team members are equal in importance.
- 90% of the issues are resolved at the level that first identified the issue.
- A continuous feedback loop ensures the continuity of the process.

CQI teams are *decision-making teams* and solution focused. Meetings result in the identification of needs, goals, and available resources, as well as strengths of the program, the staff, and the participants. Areas needing improvement are identified and discussed, action plans are developed, and strategies are implemented to improve service delivery.

CQI communication has improved through posting regional CQI information to the CD Intranet. This allows staff across the state and central office staff to review and learn from regional solutions to problems.

Results from the Survey of Organizational Excellence (SOE) indicate a continued increase in the belief by staff that the CQI process is an effective avenue for organizational change.

SOE Results: CQI meetings are an effective avenue for organizational change						
Year	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know or N/A
2008	5.54%	37.01%	23.56%	20.10%	9.91%	3.88%
2007	4.27%	28.15%	24.64%	20.23%	22.71%	N/A
2006	3.08%	26.78%	24.80%	24.21%	16.87%	4.26%

Department Performance Management Report

There is Departmental oversight for the Division's services through monthly monitoring by a performance management report. The report includes quality, operational, customer satisfaction and employee measures. The division's QA Unit facilitates monthly analyses on these department measures which are then discussed with department leadership during monthly meetings.

Employee Survey

As discussed in the General Information Section on staff turnover, each year, the QA Unit has administered the Survey of Organizational Excellence (SOE) to all staff. The SOE assessment is designed to link scores on the survey to issues affecting the organization. The survey examines five key Workplace Dimensions (Work Group, Accommodations, General Organizational Features, Information, and Personal Demands) which capture various aspects of the total work environment. In May 2008, 1,464 staff participated in the survey for a statewide response rate of 62%. Although this has declined from a peak in 2005 where the response rate was 69%, response rates over 50% are generally considered to be high.

The QA Unit produces Regional Power Point presentations on the SOE results and these are provided to regional staff. A statewide summary of results were sent out to all staff and survey results were posted on the Division's intranet site. In 2008, results were featured on the CQI "In Focus" newsletter.

In 2009 the department made the decision that all divisions within the department would participate in this employee survey. In order for all divisions to take the survey at the same time, CD was not able to administer the survey in 2009. However the entire department as well as the division will be participating in the survey in FFY10. The SOE has been improved and is now call the Survey of Employee Engagement (SEE). Accountability for improvements resulting from the survey will be monitored by the department.

Grievance Processes

The Division provides access to a fair and impartial grievance process to address licensure, case management decisions, and delivery of service issues per RSMo 210.566. The Service Delivery Grievance Process is a mechanism that allows families the opportunity to express their concerns

regarding any perceived inequities, unfair treatment, or dissatisfaction with agency actions or behaviors.

Consumer Surveys

Consumer Surveys are sent to and received from resource parents, alternative care children, adoptive families, biological families receiving CA/N investigations, family assessments, Family-Centered services, or Intensive In-Home Services. With a brief cessation during SACWIS conversion of case management information, the surveys have otherwise been sent consistently during FFY05-FFY09. Individual surveys are returned to the Regional Directors so they are made aware of and can address local issues. Beginning in January, 2009, the number of surveys sent out increased so that 100% of alternative care children age 12 or older and 100% of resource providers are surveyed once per year. Survey responses are logged to identify and address concerning trends, posted on the CD Intranet, and shared through the CQI “In Focus” newsletter, with Fostering Court Improvement teams and through CD memoranda.

Constituent Log

The Children's Division maintains a log of all communications and responses to and from constituents. Information from the log is available for use by management to monitor field performance and improvements in customer service.

Case Reviews

The Quality Assurance Program includes multiple case review activities to assure compliance and qualitative/evaluative aspects to service delivery. The case reviews are based on standards for ensuring quality services.

Peer Record Reviews

The QA Unit continues to administer and monitor the Peer Record Review (PRR) process. Completed on a quarterly basis, 10 percent of in-home and foster care cases statewide were randomly selected for review each year. The reviews include a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that were open or had been closed within three months immediately preceding the quarter in which the review was being conducted. For intensive in-home services, ten records per region per quarter are reviewed. For adoption, over 10% of adoption records are reviewed per quarter. As PRR results are used to measure a number of items related to the CFSR, the QA Unit has continued to engage in activities which ensure these reviews are done as correctly as possible. Such activities include using QA Unit staff to centrally monitor and coordinate administration of the PRR; using QA Specialists to provide on-site regionally specific PRR training prior to reviews; discussing the PRR process in the “In Focus” newsletter; and developing statewide PRR training in December 2006. As a result of these activities, staff have a heightened awareness of how to properly complete the PRR tool hence making the PRR results more reflective of actual practice in the field.

The Child Abuse and Neglect Hotline Unit (CANHU) and QA Unit developed a peer review system at the hotline unit. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review. In October 2005, a PRR tool was added for CANHU. In January 2006, the Division began collecting and analyzing results for improved outcomes. The analysis revealed that the tool seems to achieve the goal of being a quick and

complete instrument for reviewing calls. Dual reviews (each case being reviewed by two staff) will continue until there is more conformity in the review results. If a case does not pass peer review, it is forwarded to a CANHU supervisor for review.

Peer Record Results are maintained on the Division Intranet and distributed to all staff each quarter.

Practice Development Reviews

Practice Development Review (PDR) is modeled after the Quality Service Review model developed by Dr. Ivor Groves and Dr. Ray Foster. A PDR provides a combination of quantitative and qualitative data which reveal the current status for children and their caregivers and the impact of the service system on their status. Recommendations from a PDR are case and circuit specific.

PDRs use a performance appraisal process to determine how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families.

2005 marked the first year the PDRs were decentralized. In April 2005, approximately 30 CD staff were provided with PDR reviewer train-the-trainer. In addition, 23 of these staff received an additional day of training on how to provide TA to circuit managers during a PDR. QA staff were required to attend at least one more reviewer training and participate in at least two PDRs before being asked to provide reviewer training.

Beginning May 2005, nine decentralized PDRs occurred across the state. Since then, each Region plans and administers their PDRs with support and assistance from the QA Unit. During FFY05-09 at the time of CFSP submission, the Division conducted a total of 36 PDRs across the state as follows: St. Louis City: 2; St. Louis County: 2; Jackson County: 9; Northern Region: 9; Southern Region: 14.

Supervisory Case Reviews

The Supervisory Case Review (SCR) is a new case review process since round one, but was included in the PIP following round one. The Supervisory Case Review Tool (SCRT) underwent several revisions in 2005 and early 2006. Policy citations were also included in the tool. In July 2006, the QA Unit implemented the new SCR process statewide. This case review process was put in place to support the front-line supervisor in providing staff with enhanced clinical supervision. The SCR encourages and supports supervisors in teaching staff to recognize how current policy requirements and day-to-day decisions impact the safety, permanence, and well-being of Missouri's children.

Completed on a monthly basis, the SCRT addresses child safety and well-being, as outlined in the Child and Family Services Review. Supervisors who oversee investigators and assessors review two completed hotlines from each worker each month. Supervisors who oversee FCS and out-of-home care cases review one child/case for each worker each month. Once a child/case has been reviewed, it is not selected again for at least 12 months.

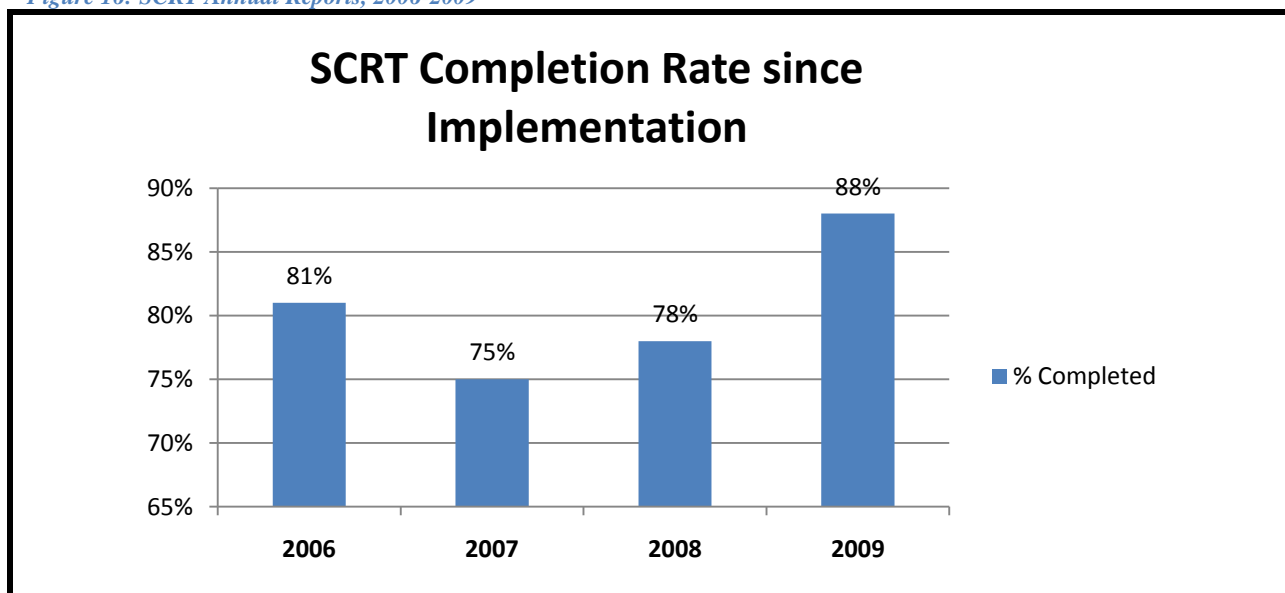
As the case reviews are completed, the results are collected in two ways. First, the data from all reviews are sent to a database located in Central Office. The information from the statewide reviews are compiled and posted on the intranet quarterly. Second, the information is sent to a local spreadsheet housed on each supervisor's computer allowing the supervisor continual access to the reviews he/she has completed. Supervisors are able to ascertain strengths and areas of need for the workers in their units. Supervisors are encouraged to use this information during case consultations to assist workers to improve child welfare practice with the children and families served.

In 2008, the QA Unit conducted a formal classroom SCR training with 100% of field supervisors to assist them in understanding how the process and tool can assist them in their day-to-day supervision. Supervisors receive training credits for attending this training. Responses from the trainings were positive and a plan for sustaining statewide training for newly hired supervisors is in effect.

Statewide SCR completion rates have fluctuated. In 2008, the completion rate averaged 78%, which is an improvement from the first full year of implementation where the completion rate was 75% in 2007.

The chart below demonstrates an improvement in the SCRT completion rate over the past four years since it was first implemented.

Figure 16: SCRT Annual Reports, 2006-2009



SCR results are posted on the CD Intranet and used by field managers, supervisors and QA Specialists to identify areas needing improvement.

Regional QA/QI Activities:

Fostering Court Improvement

QA Specialists in four regions are actively involved with the Fostering Court Improvement (FCI) Initiative. Established in eleven circuits, the FCI Initiative is a collaborative effort between the CD and the court system. QA Specialists help FCI teams to establish and maintain strategic plans for change by regularly attending meetings and providing data on progress on permanency outcomes at the Circuit Level. For example, during 2009, the Circuit 13 Fostering Court Improvement Project Team suggested a case review to capture several data elements to determine which children were and were not reaching timely permanency. The QA Specialist created a draft review tool and presented to the team for input. After receiving approval, the QA Specialist recruited reviewers, set up the logistics for the review, captured the data, analyzed and the data, and reported out the findings.

Worker Time Study Analysis

The Southern Region conducted a full-scale region-wide time analysis study with frontline caseworkers. The response for the Southern Region was high. Other Regions also conducted a time study analysis with targeted circuits or staff. The time study has assisted in identifying which areas of practice need more time and which can be reduced. The Southern Region conducted workgroups to discuss the results and to suggest improvements. The Southern Region QA/QI team is currently developing a plan with strategies for increasing staff time with clients including increased time for caseworker visits with children.

Jackson County Community Quality Assurance Committee

Jackson County continues to support a Community Quality Assurance Committee (CQAC). The Committee meets half a day once per quarter. The membership of the CQAC consists of professionals from child welfare, or related disciplines, and child advocates to encompass a broad spectrum of professions so as to create a multi-disciplinary perspective within Jackson County.

Subcommittees within the CQAC have continued to meet and work on projects identified by the team members. Examples from the past year include: an education subcommittee, a subcommittee on needs assessment, and a workgroup to address retention of resource parents.

Additional CD partnerships with members of the CQAC include participating with the following local initiatives:

- CQI
- PIRT (Permanent Investigative Review Team) which is a team to staff resource homes who have had a finding of abuse, neglect or inappropriate discipline
- ACCOC (Alternative Care Children Oversight Committee) which problem solves and provides assistance in obtaining resources to provide medical, dental and mental health services to children
- State-wide committees regarding educational and psychological needs of children in care.

Additional Regional QA Activities

The QA Unit conducts local situational activities as areas of need are identified. This includes data accuracy training and support, worker/ supervisor/ administrator support, activities to

emphasize practice areas needing improvement, data sharing, and collaboration with QI Unit and Private Agency QA staff, and other activities as requested by the Regional Directors or QA Unit Manager. In the absence of trends reports during 2007-2009 due to FACES conversion, local staff have relied on monthly case listings, and QA case review results (Peer Record Reviews and Supervisory Case Reviews) to monitor and identify trends.

Strengths:

The CQI process is well established, all staff participates, and it has leadership support.

QA and QI specialists have access to Cyber Access, which is a web-based tool shared by numerous agencies containing medical information. They also have shared access to the Missouri Juvenile Justice Information System (MOJJIS) which contains information on education, health, juvenile justice, juvenile delinquency, child welfare, and more. The information from these two sources fosters communication and assures the holistic need and status of a child is understood by all involved parties. Private agency case managers have access to the CD Intranet, use the same information system (FACES) for documenting case management activities, receive all Division memos to keep everyone simultaneously informed of policy revisions or critical issues, and have access to all outcome reports available to the Division.

The private Foster Care Case Management (FCCM) contract is comprehensive and sufficient for setting the stage for ensuring quality service delivery. It clearly specifies standards for practice including qualifications of staff. The contract, based on accreditation standards, specifies minimum requirements for the contractors' personnel. The contract specifies training requirements including on-the-job training, qualifications and the requirement for quality assurance processes, including consumer satisfaction evaluations, compliance with the Division's Child Welfare Manual and reporting requirements, and joint Peer Record Case Reviews with the Division.

Collaboration between the Division and FCCM is a strength as noted throughout this section. In addition to joint Peer Record Reviews, QA program staff work together between agencies. The Quality Assurance program is multi-faceted when monitoring FCCM outcomes to ensure quality service delivery. The Division has specified contract oversight specialists who serve as a dual role for quality assurance as well, as they monitor specific outcomes to ensure quality service delivery. For example, worker visits and permanency planning meetings held by FCCMs are monitored monthly by the Division's oversight specialists. The Division's QA staff monitors Division and FMCM outcomes routinely, and the central office QA Unit routinely monitors statewide compliance for the individual agencies, and communicates through the FCCM Quality Assurance designees on areas needing improvement.

Safety and health assurance of children in foster homes and residential centers, including both private and public, are assured through standards of licensure, rules, compliance reviews for oversight by licensing workers in the Division and/or the Residential Program Unit depending on the type of home or facility. Licensing requirements are discussed at length in items 41-45. Case management activities are in place to address child safety and health as well. In particular, worker visits with children occur and include requirements to assess safety and well-being issues

to include health. Case Reviews evaluate the effectiveness of visits and results are shared with staff as previously stated above.

Challenges:

A significant challenge for Quality Assurance since round one is related to data integrity issues following conversion of each phase from Legacy to the new SACWIS information system (FACES). Missing data, incorrect data and untimely data entry are continued challenges with field staff. Missing and incorrect data related to conversion and missing edits impacts the ability to have consistency or confidence in data, and also caused a significant delay in producing trends reports, as previously discussed in the Barriers to the Statewide Assessment Section (in the introduction). Much time and effort is expended by the Quality Assurance Unit in addressing data integrity related issues, leaving less time to identify analyze, and target areas needing improvement to the extent necessary. However, much progress has been made, and the Division is once again current with all published reports as of March 2010. It should be noted the data integrity issues, late production of internal reports and absence of composites as noted previously impacted the ability to include evaluative information regarding some of the trends included in the statewide assessment.

A challenge of the case reviews is regarding field staff and supervisors appreciating the process so they understand the value and benefit of spending time conducting the case review.

Although circuits are encouraged to invite stakeholders to their structured CQI meetings, they are not always successful in getting them to attend. However, circuit staff members regularly meet with stakeholder groups in the community or invite stakeholders to local meetings outside of the structured CQI process. Each circuit keeps a notebook entitled, “Involvement of stakeholders in the CQI Process” in which they keep minutes from their meetings and any Quality Improvement plans they have collaboratively developed. Many stakeholders are involved in the review and improvement of permanency efforts through the Fostering Court Improvement Program; however, FCI is not available in all circuits. Stakeholders are also involved with CFSR readiness and accountability by coming to the table to review data, and in development of the local readiness assessments and statewide assessment. They are committed to assisting in development of an improvement plan as needed. The CFSR Advisory Board consists of representatives from the tribes, education system, courts, attorneys, and many more.

Regional challenges exist for QA and QI specialists in varying ways. For example, St. Louis City outcomes are sometimes outliers from state patterns, and the focus for improvement is sometimes apart from other Regions. Likewise, some geographical regions are vast, which requires additional travel time for the specialist leaving less time for actual hands-on support.

A continued challenge is timely and accurate documentation. Much effort is made to encourage and explain the importance of documentation to staff, including a policy memorandum distributed setting guidelines for timeframes for case documentation. This was further complicated with the conversion to FACES resulting in a learning curve, staff resistance and timely data entry, as previously discussed in the barriers to the statewide assessment section.

A challenge exists in keeping staff focused on the holistic perspective of a child or family outcome and how the outcome is related to positive results for the consumer, versus staff being concerned about outcomes only used as a reflection of their work. This is a challenge in particular for cases that transfer between counties or between public/private agencies. Staff can get caught up in whose responsibility a situation was when less than favorable results occur, and lose sight of the larger picture of why a deficiency in practice was important for the family or child.

Promising Approaches:

A promising approach for Quality Assurance includes the development and implementation of a digital dashboard for case-level access by staff at all levels for self-monitoring outcomes, including all CFSR safety and permanency composite measures, worker visits with children (based on the federal requirement), and more. The dashboard, Results Oriented Management Report (ROM), is expected to be produced and available for testing in July 2010. The Division is currently contracted with the University of Kansas to develop this resource. Since the Division implemented the on-line report on worker visits, immediate improvement was seen in documentation efforts and increased efforts to assure the visits were occurring. It is expected that after a learning curve, ample training, and with support from QA and QI specialists, field staff will become data driven in many areas of practice as a result of using the digital dashboard.

Recognizing the need to structure the improvement process, the QI unit created and implemented a “Plan of Change” form for staff to use to identify and measure progress on action steps to address areas needing improvement. The form was only recently introduced, therefore, sufficient time has not passed to know the effectiveness of the new strategy.

A mobility project recently occurred to determine if the use of mobile technology (laptops with network card capability) would improve outcomes for worker visits with children or timely initial contacts during investigations. This project just concluded in March and it’s too soon to know the outcome of the project or if this will be pursued further.

Another promising approach for quality assurance is the Supervision Advisory Committee (SAC). This committee serves a dual purpose. They are an advisory board to the Director regarding field practice needs. In addition to bringing information forward and increasing awareness for Division leadership, they also return to the field with a broadened awareness of standards ensuring quality services to the field by collaborating with supervisors from across the state. The SAC is driven by a self-directed strategic plan that continually evolves addressing issues such as strategic use of data to drive practice, training, communication, and developing local plans for community involvement. The group was also involved with creating the Supervisory Case Review Tool (SCRT).

The Fostering Court Improvement Project, mentioned throughout the Statewide Assessment is a key promising approach, in that collaboration activities are regularly occurring for the specific purpose of achieving timely permanency of children and preventing re-entry. This program was discussed in greater detail above in this section, however, since it currently only occurs in selected circuits, it’s deemed a promising approach for state wide implementation.

Item 32: Initial Staff Training

Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Round One Result: **Item 32** was rated as a strength because the CFSR determined the State operates a comprehensive initial training program for new staff.

System Description:

All staff are required to have the following trainings upon employment with the agency:

- Civil Rights Training: The Basics Online (complete before attending orientation)
- New Employee Orientation (required within first 31 days of employment)
- Civil Rights and Diversity for Non-Supervisors (every 3 years, initial completed with orientation)
- Code of Ethics/CQI training (within 60 days of employment and annually thereafter)
- Personnel Health and Safety Training (within 3 months of employment and annually thereafter)
- HIPPA Policy and Privacy and Security Online (as soon as possible after hire)
- Workplace Safety (required within the first year)

In addition, frontline staff are required to attend Child Welfare Practice Training (CWPT) Classes 1-4 and Computer Systems (as soon as possible after hire). CWPT training should be completed prior to staff receiving cases.

Initial Training required for new frontline supervisors includes:

- Basic Orientation for Supervisors (required within the first year.)
- Civil Rights and Diversity for Supervisors (includes Prevention of Sexual Harassment)
- Workplace Safety
- Code of Ethics/CQI Training
- Clinical Supervision Parts 1 & 2

In addition to the required trainings listed above, new staff must complete On-the-Job Training (OJT), which supports the classroom training. On-the-Job training activities are part of the learning process of the new worker and they must be allowed time and support in completing these activities. In order for classroom training to have an effect on practice, participants must use their newly acquired skills in the work setting in the performance of OJT activities. The supervisor **MUST** ensure that new workers have an opportunity to do the assigned OJT activities referenced in the guide. An OJT guide was developed for both the supervisors and the staff with required activities to be completed. The Acknowledgement of Completion of OJT Assignments form must be initialed and dated by the supervisor and employee following each activity during the first 6 months of the OJT process. At the completion of the first 6 months of OJT, a final sign off is required by the supervisor and the employee. The completed form is to be kept in the employee's local personnel file.

Completion of OJT is also acknowledged and tracked through the Employee Learning Center (ELC). The ELC is used to track enrollments, wait lists, completion of training, assigned curricula, training plans, lodging requests as well as creating gap analysis reports.

Progress Since Round One:

Since the last statewide assessment, basic training (CWPT) has been scheduled more frequently and conducted regionally to better accommodate new staff. 1,388 staff have received CWPT since 2006.

An On-the-Job Training Program has been available to frontline staff and supervisors for over 10 years. However, it was determined by field staff and management working together that a more comprehensive, competency based OJT process needed to be implemented. Thus, a new approach with a revised OJT Guide was introduced for use in the field in January 2007. After several months of use, feedback was solicited from frontline supervisors and workers regarding their use of the guide. Based upon that feedback the guides were revised. In October 2008 a field test was completed by a group of supervisors and their staff who represented all regions of the state. Additional revisions were completed to reflect those suggestions and the revised guides were ready for use in September 2009.

More support has been put into place for the frontline supervisor. A standing Supervision Advisory Committee comprised of supervisors from each region of the state meets on a quarterly basis to review practice and policy issues impacting the supervision provided to front line staff. This group provides input and feedback to the agency director on a regular basis regarding supervisory practice.

A formalized training structure for frontline supervisors was established in FY 2006 which includes Basic Orientation for supervisors at the department level, followed by Clinical Supervision Training at the division level. The Clinical Supervision training provides an OJT component to assist with the transfer of learning from the classroom to practice application. Upon completion of this training supervisors and managers are required to obtain 16 additional hours of training for the Management Training Rule requirements. This comprehensive approach has assisted in developing the supervisor in a more competency based manner. Since the development of this formalized training structure, 596 supervisors have been trained.

Measure of Effectiveness:

After each class of Pre-service Child Welfare Practice Training, participants are encouraged to complete an evaluation of the training. This evaluation is composed of many open-ended questions asking for the participant's opinion on the content and usefulness of the training. Five questions are asked using a Likert-type scale to record their reactions. Of those five questions, 3 were selected which come the closest to evaluating the training's effectiveness. These were: 1) The subject matter was adequately covered; 2) The content was suitable for background and experience of the participant; and 3) The handouts were relevant to the work to be completed.

On a scale of 1 to 4 (1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree) participant's rank each question for each training they attend. As there were 3 questions being considered, a total score of 12 (3X4) would be assigned if the participant scored all 3 questions

as a 4. Thus, 12 would be the highest scores possible and 3 the lowest. As the lowest score that could be given if the participant agreed with all 3 questions would be 9, a score of 8 or less was used to indicate a participant did not consider the training class effective. Initial training for Children's Service workers consists of 4 classes and since 2006, 3,245 staff have attended the four sessions. Of these 3,245 staff, 2,949 completed a training evaluation previously described. This results in an overall 91% response rate. Staff rated Class 1 as 88.5% effective; Class 2 as 88.5% effective; Class 3 as 91.6%; and Class 4 as 91.9% effective.

OJT training electronic evaluation capability was not completed until November 2009. Workers are to finish classroom training prior to completion of the OJT instruments. In the near future, there should be enough information available to gather a baseline for effectiveness evaluation.

- Self-Evaluation of Competencies to assist the worker and supervisor in learning needs. As a part of CWPT new staff are requested to complete a self-evaluation of identified competencies prior to their attendance at training. This is completed again following completion of training. Results of the self-evaluation are viewed by the trainers and provided to the supervisors to assist in determining learning needs.
- Skill Development Plan and SMART Learning Tool are used by the worker and supervisor to identify areas in need of skill development.
- Two-Way Feedback Tool provides a structured tool for formal verbal and written feedback for the worker and their supervisor centered around the processing of skill activities. Supervisors are expected to model the skill throughout the process and allow the workers to demonstrate the skills incrementally until a skill is mastered.
- Trainee Information Sheet is used in the classroom by the trainer to document observed strengths and needs in the identified competency area. These notes are then used to provide written feedback to the supervisors at the completion of CWPT training.
- Reinforcement/Evaluation Feedback Letter to Supervisor is provided by the assigned classroom trainer to the assigned supervisor regarding each employee's classroom performance.
- Child Welfare Practice Training Focus Group, August 2008. A statewide focus group was conducted with several levels of staff to examine basic orientation training in an effort to identify strengths and areas to improve upon.
- The Supervision Advisory Committee as part of their strategic plan provide ongoing input and feedback regarding training needs, training structure and content.

Strengths:

- Improved training structure for both new frontline workers and supervisors. This includes enhanced competency based classroom training and an On-the-Job training process.
- The training unit reviews training materials on an ongoing basis to ensure training is reflecting policy updates, legal mandates and best practice methods.
- Training is provided regionally in 4 training regions to best address the needs of staff.
- The agency staff development is closely coordinated with the Department Human Resource Center, Office of State Courts Administrator, and University Partners.
- Training is made available by different media formats such as classroom, DVD's, on-line learning, webinars, video-conference, and resource links.

Challenges:

- Making time to complete OJT training with workers has been a struggle for many supervisors. Supervisors already have many other duties that they are responsible for. In an attempt to remedy this problem, some circuits began having a Children's Service Specialist to complete OJT training with all new staff.
- Limited Funds and manpower to develop and deliver training.
- Additional training and reference material (which is user friendly) is needed for staff to be able to use the Information System (FACES) more easily.

Promising Approaches:

- On-the-Job Training Guides are now available on-line to staff and supervisors.
- On-the-Job Training expectations have been integrated into the frontline staff, supervisor and circuit manager PERforM appraisal system.
- Survey Monkey will be utilized as a means to collect feedback from new staff and supervisors regarding their training experiences and training needs.

Item 33: Ongoing Staff Training

Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Round One Result: **Item 33** was rated as an Area Needing Improvement; because the CFSR found that ongoing training is not provided to all agency staff statewide.

System Description:

The State provides ongoing training for staff to help build upon the skills they have. In addition, training is important to keep staff aware of changes to practice.

All staff are required to have the following trainings on an ongoing basis:

- Civil Rights and Diversity for Non-Supervisors (every 3 years, initial completed with orientation)
- Code of Ethics/CQI training (within 60 days of employment and annually thereafter)
- Personnel Health and Safety Training (within 3 months of employment and annually thereafter).

Required in-service trainings for workers and supervisors based upon assigned program area:

- Legal Aspects for Investigators (required following CWPT)
- CA/N Investigation/Assessment/In-Service Training Parts 1-4 (within 6-12 months of hire as an investigator)
- FCS/Intact Families In-Service Training (within 6-12 months of hire as an FCS worker)
- Older Youth Program Training (within 6 months of hire as a FCOOHC worker following CWPT)
- Family-Centered Out-of-Home Care Training Parts 1 and 2 (within 12 months of hire as a FCOOHC worker)
- Domestic Violence (required within the first year)

- COA Adoption Training (for those staff who work with the Adoption program.)

Additional optional trainings can be found on the Employee Learning Center as offered. Staff choose optional trainings based upon their identified learning needs.

Supervisors are required to have 16 hours of training each year per the Management Training Rule. Supervisors are encouraged to select training that will best address areas of needed skill development.

Progress Since Round One:

The state developed a plan for improvement on this item. Some of the strategies in the plan included: developing a supervisory training for front line supervisors, developing advanced in-service training, enhancing the On-the-Job Training curriculum, creating a supervisory advisory committee to provide input and on-going feedback as related to their strategic plan.

For three consecutive years, July 1, 2004-June 30, 2007, the Children's Division signed a contract with the Office of State Courts Administrator to provide multidisciplinary training. This contract provided funding for a video teleconference on best practices and creative strategies for implementing concurrent planning which was presented at six locations on May 1, 2006. The multi-disciplinary training initiative established between OSCA and CD was also utilized to fund collaboration workshops and regional courtroom skills training for improved child welfare practice in 2005, 2006 and 2007.

In 2005, a memorandum was distributed to staff regarding the management training rule which requires supervisors and management staff to obtain 16 hours of on-going training each year.

In 2005 and 2006 field tests were conducted to obtain feedback and input from field staff regarding the Clinical Supervision Training, the in-service FCS for Intact Families and the In-service FCOOHC trainings. All 3 curriculum have been added to the training structure as on-going training support to staff.

In 2006, field staff met to develop and implement a supervisory case review tool (SCRT). Training is provided to supervisors regarding use of the tool.

The Division has partners and contracts with universities across Missouri to provide opportunities for staff to obtain a Masters in Social Work degree. In 2007, 56 students received financial assistance; 2008, 45 students and in 2009, 62 students. An evaluation of the Masters in Social Work program is underway. As one part of a full-scale evaluation of the impact of Title IVE MSW education programs on the employees of the Children's Division and the pursuant impact on services to Missouri's children and their families, focus groups exploring the impact on graduates of those programs who have remained employed by the Children's Division after completion of the MSW degree have been completed. These focus groups explored how the employees felt gaining the degree impacts their ongoing work that they do within the agency; the barriers to using professional knowledge and skills in their work; changes that might improve the Title IVE MSW programs in Missouri; agency supports that would improve retention of MSWs; and, what additional knowledge and skills do the MSWs identify as needed for both all front-line

workers and for those with advanced degrees. The 17 focus groups were completed over a five month period and all 143 currently employed graduates of the Title IVE MSW programs supported by the Missouri Children's Division participated. It is expected that a White Paper providing the results of the analysis and recommendations for both the Children's Division and the participating Schools of Social Work will be produced in June of 2010.

Measure of Effectiveness:

The same type of training evaluations are used in the initial as ongoing and described in detail in the initial training section. An example for ongoing training is the clinical supervision training which is provided in two parts. Since 2007, 264 have attended Class I and 251, Class II. There is a response rate of 94% for completing evaluations. Both classes rated the training over 97% effective.

Here are other manners ongoing training receives feedback:

- Skill Development Plan and SMART Learning Tools are used by the worker and supervisor to identify areas in need of skill development as an on-going assessment tool.
- Two-Way Feedback Tool provides a structured tool for formal verbal and written feedback for the worker and their supervisor centered around the processing of skill activities as an on-going assessment tool. Supervisors are expected to model the skill throughout the process and allow the workers to demonstrate the skills incrementally until a skill is mastered.
- The Supervision Advisory Committee as part of their strategic plan provide ongoing input and feedback regarding training needs, training structure and content.

Strengths:

- The State recognizes the importance of consistently evaluating training materials to ensure that the agency has the most current and innovative approaches to practice.
- Improved training structure for both new frontline workers and supervisors. This includes enhanced competency based classroom training and an On-the-Job training process.
- The training unit reviews training materials on an ongoing basis to ensure training is reflecting policy updates, legal mandates and best practice methods.
- Training is provided regionally in 4 training regions to best address the needs of staff.
- The agency staff development is closely coordinated with the Department Human Resource Center, Office of State Courts Administrator, and University Partners.
- Training is made available by different media formats such as classroom, DVD's, on-line learning, webinars, video-teleconference, and resource links.

Challenges:

One of the biggest challenges related to this item is dealing with financial constraints. The training budget tends to be cut before many other major programs and as a result, the agency is only able to provide a minimal amount of training.

Promising Approaches:

Learning Labs provides an on-going professional development structure for front line supervisors. The intent of the Learning Labs is to identify learning needs of the supervisor

regarding clinical practice. These are offered quarterly in each region of the state. The Learning Labs are facilitated by a contracted consultant. The purpose of the Learning Labs is to provide a facilitated learning experience followed by opportunities for the supervisors to network and problem solve around the issues discussed.

On-the-Job Training expectations have been integrated into the frontline staff, supervisor and circuit manager PERforM appraisal system.

The ELC (Employment Learning Center) is used to track enrollments, wait lists, completion of training, OJT completion, assigned curricula, training plans, lodging requests as well as creating gap analysis reports.

Item 34: Foster and Adoptive Parent Training

Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

Round One Result: **Item 34** was rated as a Strength because CFSR findings indicate that the State provides pre-service and ongoing training for all current and prospective foster and adoptive parents.

System Description:

The policy requirements for foster and adoptive parent training slightly vary. All foster parents must complete a competencies base STARS pre-service curriculum which includes the following:

- 27 hours traditional foster homes to be completed before licensure is awarded
- 27 hours STARS training plus 18 hours of Behavioral training for elevated needs at the behavioral level of care
- 27 hours STARS training plus 18 hours of Behavioral training plus 9 hours of Career training for elevated needs at the care level of care
- 9 hours of The Care Giver Who Knows the Child for relative and kinship providers. To be completed within 90 days of the relative placement

Spaulding is an additional requirement for adoptive parents with an additional 12 hours of training.

In-service training is a requirement for continued foster parent licensure and must be completed at the time of re-licensure. There is a two year period in which to obtain the in-service training hour credits.

- 30 hours in-service training as identified on the Professional Family Development Plan
- 32 hours for Career Level

The following is a list of the Pre-service, Core, Advanced and Specialized Competencies that resource providers must meet:

- Protecting and Nurturing Children
- Meeting Developmental Needs and Addressing Developmental Delays
- Supporting Relationships Between Children and their Families
- Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime
- Working as a Member of a Professional Team

A vendor does not become licensed until the required training hours have been entered into the computer system. For re-licensure, the vendor is placed on Administrative Hold until the required hours are completed with a time limit to rectify the deficit, which if not rectified, revocation of licensure commences.

Training of the Transitional Living Advocate:

The Transitional Living Advocate (TLA) is an adult, 21 years of age or older, who provides the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from Division's custody. The TLA may be married or single and is willing to provide the time, a home, supervision and support needed by the youth transitioning out of care. They must be successful in their own independence, for example, employed, maintain a household and generally provide a positive role model for the youth. Prior to approval, the advocate must complete the following:

- Successful completion of 18 hours of pre-service, specialized training on adolescent issues through CD including three (3) hours each in cultural/race sensitivity, OYP overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences;
- A criminal and child abuse/neglect background screening;
- Fingerprints of all adults 17 years old and older residing in the household. The process is the same for all resource providers. The cost for the fingerprinting is paid by the Division.
- An approved home study completed by the case manager/service worker, in the county that the advocates reside;
- A signed copy of the Agreement for the Purchase of TLP Advocate Services, CM-12; and
- Register with the Family Care Safety Registry.

Progress Since Round One:

In April 2006, the agency introduced the Professional Family Development Plan to be completed with each provider within 30 days of initial licensure and at the time of license renewal. This plan outlines the training goals of each family and must be reviewed on an annual basis. The purpose of the plan is to assess the family's training needs and their goals as professional caregivers. This document can be changed as the needs of the family and agency change.

The new Foster Home Licensing Rules went into effect on January 30, 2007, which require each foster parent to complete a prescribed number of training hours as approved by the Division. The current requirement is 15 hours per year or 30 hours per licensing period (except career parents who are required to complete 16 hours per year or 32 hours per licensing period.)

The process for placing foster parents on administrative hold was introduced into policy on August 1, 2008.

Measure of Effectiveness:

Workers responsible for licensing and re-licensing foster parents must review the Professional Family Development Plan, CD-100 quarterly. By reviewing often, this provides the opportunity for foster parents to explore other educational offerings which might benefit their skill building efforts. In addition, reviewing this document often provides opportunity for the foster parent to keep in the forefront what further skills they have identified as being important in their foster parenting career.

Missouri's legacy system can capture and track training units for foster parents. This makes recordkeeping easier for the local circuits and can be compared with training paperwork if necessary. The Training Unit reviews the content of all non-Division sponsored training submitted and assigns a "unit" value. If a non-Division staff trainer goes to several circuits, approval for the training is provided by the Training Unit, and a sign in sheet is used to verify and provide credit for attendance.

Strengths:

The Transitional Living Advocate Maintenance Payment is a unique element of this program. The youth receives \$586 per month for rent, food, clothing, incidentals and payment to the advocate. \$450 per month is paid by the youth to the advocate for food and rent expenses. The youth is to use \$136 per month for other expenses such as clothing, school/work necessities, personal hygiene, grooming, transportation, etc., as well as the establishment of a savings account. The individuality and flexibility of the program is also a strength as the advocate knows the youth and the program allows placement with individuals who may not want to "foster" but rather "mentor." The requirements are also not as rigid as they are for foster parents as youth in the program are semi-independent with a connection and providers are not licensed, only contracted.

Missouri is developing automation options to capture the data from foster parent's exit interviews. A workgroup is being developed and will be meeting in February/March 2010 to evaluate the Transitional Living Advocate program and make recommendations for improvement. The workgroup will consist of providers, trainers, case managers, and youth if available.

Challenges:

This program is underutilized, perhaps because of the connection aspect or training availability as training is often done one-on-one.

Items 35, 36 and 37 are being combined for the Statewide Assessment

Item 35: *Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?*

Round One Result: **Item 35** was rated as an Area Needing Improvement because CFSSR findings indicate that, although the State has an array of services that assess the strengths and needs of children and families, the availability of services does not meet the demand and there are numerous gaps in services.

Item 36: *Are the Services in Item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?*

Round One Result: **Item 36** was rated as an Area Needing Improvement because the CFSSR found that services are not accessible to families and children in all jurisdictions in the State, particularly in the rural areas.

Item 37: *Can the services in Item 35 be individualized to meet the unique needs of children and families served by the agency?*

Round One Result: **Item 37** was rated as an Area Needing Improvement because the CFSSR findings indicate that services are not available to meet the individualized needs of children and families.

Progress Since First Round:

The state developed a plan for improvement on this item. Some of the strategies in the plan included: increasing availability of specialized resource homes for older youth, siblings, disabled, and medically fragile children, increasing availability of parenting classes and parent aides, increasing services to meet the needs of non-English speaking consumers, and increasing the availability of transportation services.

In February of 2005, staff were notified that five forms were now available in Spanish.

In July of 2005, the circuits developed a plan to increase services to meet the needs of non-English speaking consumers. One strategy was to find resources to provide interpretive services. Circuits also identified which counties have workers who are fluent in other languages. Regional Directors track staff who are bi-lingual and they collaborate with other regions when needed. The Contract Management Unit provides information to field staff for translation and hearing interpretation services.

In December of 2005, a memorandum was sent out to staff informing them of the procedures to follow when working with clients who are deaf, hearing impaired or non-English speaking.

When working with an individual who is deaf or hearing impaired it is important that they are made aware of available services to enhance communication. One service is Relay Missouri which provides telephone services such as Text Telephone. When working with individuals that have difficulty communicating in English or it is not their chosen language, staff may need to obtain interpretation services. The agency has contracted providers available to offer these services.

In 2006, the Division awarded transportation contracts to assist families with their transportation needs.

The new IIS contract began March 1, 2008. The contract itself had minor changes conceptually. Most of the changes were language revisions for clarification purposes. The new contract has made allotment changes for each region based on need. The increased need and emphasis on prevention allowed the state to contract five additional IIS specialists statewide. IIS services are available to all 45 circuits within the State of Missouri.

The new IFRS contract began September 1, 2008. Because of the growing need and success of the IFRS program, eight new sites were added to expand the services to rural areas of the state. This brought the total to 16 sites encompassing 26 counties.

System Description:

Per policy, case managers are to deliver and provide assistance in the service delivery system from opening to termination of case. Service delivery includes case evaluation and clinical supervision, as well as, monitoring and supporting child and family access and utilization of contracted services.

Measure of Effectiveness

Missouri does not have a comprehensive structured assessment process for services array issues in operation at this time. Although, the FACES system provides a structure for capturing service information through the “resource log” which is available for all phases of case management, i.e., investigations, assessments, intact families, foster care, and intensive in-home services (family preservation); the screens are not comprehensive enough to capture a complete picture. Currently, case managers input services referral information but the log does not capture the service type. Therefore, it is not possible to determine from our case management system which type of service are needed by our service population. A change request has been made to the FACES unit for screen changes which will require service type, accessibility, availability and funding information input. This enhanced data will provide insight to gain a big picture perspective.

Keeping in mind the limitations with the resource log, the CFSR Advisory Committee assisted the Division in determining the available array of services, service accessibility and service individualization ability by developing a survey. The survey was distributed to every Division supervisor in the state, both contracted and in-house, totaling 285, with a response rate of 54%. Survey questions were crafted by the committee using the statewide assessment requirements as a guide. To assure survey efficiency and effectiveness, the committee requested assistance from

the University of Missouri, School of Social Work, to review the survey form and questions. Design feedback was provided followed by the survey being administered.

Division Supervisors utilized the survey to select the five most valuable services which meet the needs of the children and families the agency serves in each of their counties. In addition to identifying the most valuable services, supervisors identified the funding source, accessibility and availability for each service. In Figure 18, the aggregate survey results identify the top ten most valuable services, determined by frequency count, along with funding, availability and accessibility information. As the results show, most services are paid for by state funds, followed by insurance, then federal funding. Child Advocacy Centers and family preservation services provide immediate access, while psychiatric services and housing assistance are the least readily available. In addition, the data shows the majority of these top ten services are accessible within an hour drive time.

Table 18: Most Valuable Services Survey Results

Top Ten Most Valuable Services	Counseling In-Home	Substance Abuse Treatment	Child Advocacy Centers	Parent Aide	Intensive Family Preservation	Psychiatric Services	Counseling In-office	Housing Assistance	Child Care	Parent Education
Service Funding										
Community Resource	2%	13%	10%	0%	5%	8%	0%	23%	4%	16%
County Funded	1%	1%	0%	5%	11%	2%	2%	2%	9%	0%
Federal Funded	0%	19%	60%	0%	13%	0%	0%	50%	9%	0%
Fee for Service	9%	19%	0%	4%	5%	3%	20%	0%	13%	20%
Insurance (including Medicaid)	52%	24%	15%	7%	2%	80%	52%	0%	9%	2%
Private Funding (Non-Profits)	1%	8%	10%	4%	0%	0%	4%	2%	0%	7%
State Funded (CTS)	32%	8%	2%	80%	47%	5%	22%	0%	54%	38%
Service Availability										
Client can access immediately	17%	25%	91%	35%	94%	3%	24%	7%	13%	39%
Client can access within 7-14 days	41%	38%	3%	26%	1%	13%	33%	5%	35%	38%
Client can access within 15-29 days	19%	14%	2%	10%	3%	11%	20%	0%	23%	5%
Client can access within 30-90 days	10%	19%	4%	7%	0%	42%	13%	14%	20%	5%
Client access is over 90 days	7%	5%	0%	1%	0%	25%	9%	68%	5%	9%
Service Accessibility										
Locally (within county)	80%	72%	83%	60%	78%	59%	77%	89%	98%	64%
Outside of County (within an hour)	12%	17%	14%	21%	22%	16%	23%	11%	2%	36%
Outside of County (more than hour)	8%	11%	3%	20%	0%	25%	0%	0%	0%	0%

Some of the most enlightening information from the survey results was the identification of service gaps. In Table 18 the columns represent the identified missing service (beginning with the service most often selected) and the row provides the reason for the service gap.

Table 19: Top Ten Identified Service Challenges

Challenges	Transportation Services	ILP Scattered Sites	Dental	Mentoring	Psychiatric Services	Crisis Nurseries	Counseling In-home	Parent Aide	Mediation	Homeless Shelters
Lack of provider	68%	88%	64%	69%	59%	86%	70%	57%	84%	67%
Provider capacity limits/waiting lists	0%	4%	23%	21%	28%	5%	2%	0%	0%	25%
Limited funding	16%	3%	0%	1%	0%	3%	2%	13%	10%	0%
Travel Distance	0%	4%	0%	1%	5%	0%	0%	7%	0%	8%
Effectiveness of service	6%	1%	0%	0%	0%	0%	0%	0%	0%	0%
Provider competency	1%	0%	0%	0%	0%	0%	26%	7%	0%	0%
Quality of Service	1%	0%	0%	1%	0%	0%	0%	2%	0%	0%
Level of reimbursement	0%	0%	12%	0%	6%	0%	0%	0%	0%	0%

These survey results were shared, broken out by county, with each Regional Director for discussion at each local CQI meetings. In addition the information is being shared with the 2-1-1 organization. Further information, regarding the Children’s Division partnering activities, can be found under Promising Approaches section.

Strengths

Transportation Services

Transportation services are a strength and challenge, and were identified as a gap through the survey, the same as in the first CFSR. As a response to this need, a transportation contract was let statewide. Twenty bids were received and seventeen contracts awarded by judicial circuit regions. However, some regions had several contractors while others had none. In an effort to cover the entire state for transportation services, the Division added, whenever possible, included transportation services into contracts ready for renewal, such as resource (foster care) providers, parent aide providers, residential treatment providers, transitional living providers and Chafee service providers. When needing transportation services, case managers can utilize transportation contracts if resource providers or a Managed Care Option (through Medicaid) could not be utilized first. Nevertheless, Missouri identifies transportation as a strength, because we are making efforts, whenever possible, to provide this service. Yet, it is identified as a need for families. Therefore, further study of this issue is needed.

ILP Scattered Sites

For the ILP Scattered Site to be identified as a gap puzzles Central office staff as the opportunity for this service is available statewide. Scattered sites can be developed anywhere there is a need and contractors are available to provide this service in *every* region of the state. A scattered site is an apartment setting and may be adjacent to other treatment programs, or sites scattered throughout the community and/or apartments clustered together.

Dental

Missouri, as with many states in the nation, has experienced a shortage of dental services for our children in foster care. Over the past several years, government entities, such as the Missouri’s Department of Health and Senior Services, Missouri Oral Health Preventive Services Program (PSP), and the Missouri Division of Medical Services, MoHealthNet program, have been active

in assisting to fulfill the dental health needs for Missouri's children, which has resulted in some improvements in dental care.

Through the Department of Health and Senior Services, Missouri Oral Health Preventive Services Program (PSP) provides an evaluation of oral health in a child's community and implements educational and prevention strategies and initiates referrals for dental services for those who have unmet dental needs. In addition, some communities have partnered in order to provide once a year visits by a dental professional who travels to 248 schools, day care centers and Head Start programs and provides a dental screening, curriculum/educational materials, provides a fluoride varnish (applied twice a year by volunteers) and provides a referral for unmet dental needs. The PSP is a community-based, systems approach where a coalition of agencies must apply to be a site and assure support from multiple stakeholders. If the coalition is school-based, the program is available to every child in a Missouri school with permission of their parents. During the 2007-2008 school year, 17,655 children received a dental screening by 360 licensed professionals and 660 volunteers.

As a further attempt to meet dental needs for children, MoHealthNet (Medicaid) now recognizes licensed dental hygienists to perform cleanings and preliminary screenings. This expansion increases the number of children who have access to dental services. In FY09, Medicaid served 6,365 children who were in either foster care or were receiving adoption subsidies. These 6,365 children were provided 45,646 units of care. A unit of care ranges from a cleaning, tooth filling and beyond. According to the Children's Division Annual Report, FFY09 (Table 26), there were 14,256 children in the care and custody of the Division. While some of these children may have been adopted at some point during the year, this remains a large number of children needing oral examinations. However, some of their needs can be met through community dental clinics and vans.

Missouri is fortunate to have many small community dental clinics around the state available to low income and needy families. There are several mobile dental services available as well. Missouri is privileged to have two active groups lobbying and providing oral health care for medically underserved, uninsured and insured populations. The groups, Oral Health Care of Missouri and Missouri Coalition for Health Care, exist through member donations and grants. The Missouri Coalition for Health Care is an advocacy agency and serves the interest for oral health statewide. Through these groups, attention and focus remains on the continual need for expanded oral health for needy Missourians.

Challenges

Resource Log

In order to gather service information on an ongoing basis, our SACWIS system will need a slight alteration. Currently, our FACES system has a resource log for case managers to input service referral information (available for all program areas). However, the log does not capture the service type. Therefore, it is not possible to determine from our case management system which type of service are needed by our service population. A change request has been made to the FACES unit for screen changes which will require service type, accessibility, availability and funding questions. This enhanced information will provide administration insight for ongoing collaborative resource development efforts.

Promising Approaches

Partnering with 2-1-1 services

2-1-1, information and referral line, connects people to vital social services provided by a range of nonprofit and government agencies. Although the services offered by 2-1-1 vary from community to community, 2-1-1 provides callers with a wide range of information about and referrals to human services for every day needs and in times of crisis. The service array survey results, specifically the service gaps, were provided to the Missouri's 2-1-1 call centers for cross reference to their database. When the database resources and the service gaps matched, the county was contacted to verify the existence of the service. Services determined no longer available are immediately removed from the data base. For identified service gaps, 2-1-1 administration has offered to share agency data with the United Way steering committees. The agency's future plans include meeting with United Way steering committees to strategize a systemic process to share and address identified service needs.

Items 38 and 39 are combined for the Statewide Assessment

Item 38: State Engagement in Consultation with Stakeholders

In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

Item 39: Agency Annual Reports Pursuant to the CFSP

Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

Round One Result: Items 38 and 39 were rated as Strengths because the State engages numerous external partners in implementing the provisions of the CFSP and the agency develops annual reports in consultation with numerous external stakeholders.

System Description:

CFSR Advisory Committee

Formation of a committee to provide feedback for the Program Improvement Plan began in 2005 and has evolved into a Child and Family Services Review (CFSR) Advisory Committee governed by its own charter. The CFSR Advisory Committee's centralized focus is to build an advisory resource infrastructure and lead to a broader collaboration which will improve access and service availability, as well as reduce services and funding fragmentation. By using the same committee for several requirements, such as the Title IVB plan (CFSP) and service array, the Division has the capability to educate several disciplines and partners on the complex issues facing child welfare. Through this education, our partners are better equipped to understand the child welfare arena and why it takes more than one agency to make a difference in a life of a child.

The Division benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the central office and circuits levels through advisory groups, family support team meetings, case reviews, program improvement planning meetings, fostering court improvement meetings, etc.

Per the Division's Guiding Principles, partnerships are defined as families, communities, and government sharing the responsibility to create safe nurturing environments for families to raise their children—only through working together can better outcomes be achieved.

Further examples of the established partnerships are provided in this section, but are not all inclusive.

Adoption and Foster Care Coalitions (AFCC)

Several Child Placing Agencies throughout the state have formed a collation of agencies named the Adoption and Foster Care Coalition. (AFCC). The Coalition is active in improving the lives

of Missouri families and children and conducted its eighth (8th) annual legislative gathering. AFCC continues to meet with legislators advocating for adoption and foster care issues, as well as, providing comments to the Division on child welfare policy.

Child Advocacy Centers (CAC)

Missouri KidsFirst provides advocacy and support services for Child Advocacy Centers. The Missouri KidsFirst's board is made up of a diverse group of professionals from across the State and includes businessmen, community leaders, and professionals with financial and legal backgrounds. The board is also diverse in its cultural configuration and will oversee the management and development of Missouri KidsFirst as a not for profit organization.

MoHealthNet Managed Care Committee

The MO HealthNet Managed Care Consumer Advisory Committee was formed to advise the Director of MO HealthNet (MHD) on issues relating to enrollee participation in the MO HealthNet Program. The advisory committee meets quarterly to discuss MHD Managed Care issues and for the Managed Care health plans to provide updates in their areas. The committee is comprised of several consumers who present their concerns. Representatives from the various managed care health plans attend these meetings, as well as representatives from MO HealthNet Division, Family Support Division, Children's Division, Legal Services of Eastern, Western and Southern Missouri, Medical Centers, Head Start, Missouri Primary Care Association or any other entity with a MHD interest. This committee's intent is to open the door for communication to provide better service in the state of Missouri.

Task Force on Children's Justice

The Task Force was established by the Division with a Mission to benefit and enhance children's lives by recommending improvement of child abuse and neglect laws, policies, programs, professional education and public awareness, and to provide funding to support these recommendations. This group functions as a Citizen Review Panel.

The Child Abuse and Neglect Review Board

The Child Abuse/Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Preponderance of Evidence" finding of the Children's Division. At the conclusion of each investigation, the Children's Division investigator notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each member is appointed by the Governor and confirmed by the Senate. The Children's Division can establish more than one CANRB panel to assure for timely reviews.

State Technical Assistance Team

Our collaborating partners through the DSS, the State Technical Assistance Team (STAT), assists in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality and other child-related investigations, at the request of the department, law enforcement, or other child protection agencies. STAT is responsible for managing the Missouri's Child

Fatality Review Program (CFRP), including training and support for the 115 county-based, multidisciplinary CFRP panels, as well as collecting data to identify trends, patterns and spikes in the number of child deaths, to facilitate the development and implementation of prevention strategies.

The State Child Fatality Review Panel (CFRP), consisting of members from various professional disciplines, meets quarterly to review topics and trends of concern. The Panel continues to recommend prevention efforts related to child deaths due to bed sharing, safe bedding and abusive head trauma.

Foster Care Case Management (FCCM) Partnerships

Missouri's performance based contracting is built on a public-private partnership with accredited agencies. Missouri believes child welfare is a complex arena and remains open to innovative approaches for case managing foster care children. Open communication with contracted providers is a critical component of Missouri's privatization effort. This was evident throughout contract development and continues to date through meetings which occur on a regular basis at the local, regional, and state levels.

Education Advisory Team

Improving Educational Opportunities and Outcomes for Children in Foster Care Advisory Team was formed in SFY 08. The Educational Advisory Team's mission is to assure that children in foster care are offered the same educational opportunities as those children not involved in the foster care system. The advisory team members represent a variety of disciplines including the educational system, foster parents, private and public child welfare, court-related child advocacy, juvenile justice and youth in out-of-home care. The Educational Advisory Team meets on a quarterly basis.

Missouri Prevention Partners

The Missouri Prevention Partners is a collaborative group of public and private agencies that implement interventions on a statewide basis that address the prevention of child abuse and neglect. This group of partners represents diverse approaches and perspectives in dealing with child maltreatment within a spectrum of prevention at the individual, family, community and societal levels. The Missouri Prevention Partners meet about every two months and their goals are:

- Administration and Leadership - Create an Infrastructure to enhance and support child abuse prevention in Missouri.
- Public Education and Outreach - Increase public awareness and involvement in child abuse prevention efforts in Missouri.
- Prevention Programming – Promote the identification and use of evidence-based practices and promising approaches.
- Resource Development – Develop flexible and sustainable funding mechanisms to support child abuse prevention efforts statewide.
- Influencing Policy and Legislation – Impact policy and legislative issues through child abuse and neglect prevention focused advocacy.

The agencies involved in the Missouri Prevention Partners include: Dept. of Social Services, Dept. of Health and Senior Services, Dept. of Mental Health, Dept. of Corrections, Dept. of

Public Safety, Children's Trust Fund, Kids Hope United, Practical Parenting Partnership, Head Start State Collaboration Project, ParentLink, Missouri Juvenile Justice Assoc, Citizens for Missouri's Children, State Technical Assistance Team, and Missouri KidsFirst.

Governors' Blue Ribbon Panel

This information was discussed in Item 10.

Comprehensive Children's Mental Health Services System

Section 630.097 RSMo further called for the formation of a "Comprehensive System Management Team" (CSMT) to establish the system detailed by the plan. The existing state System of Care Team was deemed appropriate to fulfill such a function and has thus been so designated and re-named. The CSMT has formalized its structure with the adoption of by-laws and continues to meet once per month.

The statewide implementation of the Custody Diversion Protocol in partnership with the Department of Mental Health (DMH) mandates timely response to any parent voicing the intention to surrender custody so that his/her child can receive clinically indicated mental health services. Utilization of the Voluntary Placement Agreement continues throughout the state as efforts to serve children in need of mental health services focus on a collaborative partnership with the juvenile court, the Department of Mental Health, and the Division.

Community Based Child Abuse Prevention (CBCAP)

In Fiscal Year 2007, Children's Trust Fund awarded \$300,000 to the four Missouri communities of Moberly, Poplar Bluff, Springfield and St. Joseph to continue the CBCAP grant project. These communities completed the fourth of a five-year grant process. Through incorporating a lead agency concept, the goals of the CBCAP communities are to:

- provide a seamless coordination and delivery of prevention and family support services to families and their children;
- reduce the duplication of existing services;
- maximize the resources of public and private providers to better serve children and families; and
- ultimately reduce the likelihood of child abuse and neglect from occurring.

Native American Collaboration

Missouri does not have federally recognized Indian tribes in the state. However, there are three Indian centers--the Heart of America Indian Center, the American Indian Council and the Southwest Missouri Indian Center, which are active in the state. The Indian Centers participated with the Division in regards to training and consultation on the latest policy development. In addition, the Heart of America Indian Center participates on the CFSR Advisory Board.

Juvenile Court Improvement Project

The purpose of the Juvenile Court Improvement Project (JCIP) is to develop and implement an improvement plan which will result in timely, full and fair proceedings for children and their families and to provide for the safety, well-being and timely placement of abused and neglected children in permanent homes. The activities of the court improvement project are directed by the JCIP Steering Committee, which meets quarterly. Members of the Juvenile Court Improvement

Project Steering Committee were appointed by order of the Supreme Court of Missouri in January 2004. Members serve on a 2-year term. In that same order, the Steering Committee was assigned to the Family Court Committee. The Office of the State Courts Administrator staffs both committees.

State Foster Care Advisory Committee

The State Foster Care Advisory Committee consists of one foster parent and one Division employee from each administrative area with the exception of St. Louis City, St. Louis County and Kansas City, which have two foster parent representatives and two division employees, respectively. This group meets quarterly to address concerns and provide recommendations on how the foster care program is administered locally. This group also advocates for change and make recommendations within the system to make it more responsive to the needs of foster children and their resource families.

The State seeks to gain stakeholder and community partner input at all levels whenever possible. The agency seeks input through various standing groups including: advisory committees, task forces, policy and program work groups, and provider meetings. In addition, the agency collects data develops reports to track progress when applicable.

Fostering Court Improvement

In 2006, the agency has had a dramatic increase in collaboration efforts with the court through the Fostering Court Improvement Project. Missouri's Fostering Court Improvement project is a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel in selected project judicial circuits. It combines training on the *National Curriculum for Caseflow Management in Juvenile Dependency Cases Involving Foster Care* with development, collection and analysis of Missouri specific court performance measures and integration and utilization of this information with the data available through the new AFCARS website and other sources within the CD. Quality Assurance (QA) staff assists circuit division staff in identifying trends and developing plans for improvement. The QA Specialists provide information to the local FCI teams.

Fostering Court Improvement was initially implemented in 2006 in four judicial circuits: Circuit 13 (Boone and Callaway Counties); Circuit 22 (St. Louis City); Circuit 31 (Greene County); and Circuit 35 (Dunklin and Stoddard Counties). These circuits were chosen because they are among those with the highest population of children in out-of-home care. The project expanded in 2007 to include the following circuits: Circuit 23 (Jefferson County); Circuit 25 (Pulaski, Maries, Phelps, and Texas Counties); and Circuit 26 (Camden, Laclede, Miller, Moniteau, and Morgan Counties). Each circuit volunteered to participate in the project. In 2009, the project added three new sites, Circuit 2 (Adair, Knox and Lewis Counties); Circuit 5 (Andrew and Buchanan Counties); and Circuit 45 (Pike and Lincoln Counties).

The 10-15 member teams which attended the training included the following: Judge; Court personnel such as juvenile officers and court administrators; Juvenile clerks; Attorneys who represents state (JO attorney & DLS attorney); Attorney who represents parents; GAL/CASA and CD. These teams continue to meet locally on a monthly basis. Office of the State Courts Administrator and the CD provide technical assistance to the project sites to assist them in

identifying systemic areas for improvement and to develop and implement reform efforts. This support includes on-site visits and attendance at the monthly meetings.

The circuits are responsible for reviewing the data collected by the Division and the Juvenile Court to determine areas for improvement. Several Circuits (13th, 22nd, 23rd, and 31st) have conducted extensive case reviews on children in care in order to ascertain the needed changes. Because of these data reviews, circuits have developed parent education materials to help parents have a better understanding of the child welfare and court process when their children are placed in care. These range from pamphlets to videos to classes. Older youth are becoming more involved in their own decision-making by participating in Permanency Planning Reviews and attending court hearings.

Building Healthy Families

In 2006, CD recognized that a small number of families who have a large number of repeat maltreatment events ultimately resulted in an accumulation of harm to the child leading to out-of-home placements and costly services to reduce risk of abuse/neglect. The pilot focuses on the effects of substandard care and living conditions, along with the accumulation of harm of the child and families reported to the Child Abuse/Neglect Hotline.

In 2006, the Building Healthy Families (BHF) pilot began in Jasper, Newton and McDonald with ten families being served in Newton and McDonald counties between 2006 and 2007. Jasper County served 15 families in 2007. The length of service ranges from 6-12 months depending on the need. A BHF brochure was developed and distributed to community partners. BHF pilot sites continue to receive strong community support, particularly from the schools, who have been actively involved and making referrals to the program.

This program renews case plans every 30 days as compared to a typical 90 cycle for intact families served under the Family-centered services program and services extends beyond the average 4 month per timeframe. Families complete self-assessments and the workers complete independent progress assessments. Additionally workers have access to funds or other resources allowing flexibility to supply concrete needs such as replacing a window or purchasing cleaning supplies.

Building Healthy Families created a control group to compare outcomes achieved from the Building Healthy Families model and while 30% more children remain intact in their homes than a traditional Family-centered services model, the program was too costly for the Division to maintain or embrace statewide.

Missouri Alliance for Drug Endangered Children

The Missouri Alliance for Drug Endangered Children (MODEC) whose group representation is multidisciplinary was established in 2008 by a group of Missouri state agencies and statewide nonprofit organizations who are concerned with the issues of children who are in environments where substances are used, manufactured, or distributed. MODEC is a part of the larger National Alliance for Drug Endangered Children. Members of MODEC include state executive branch agencies (social services, mental health, health); state, regional, and federal law enforcement; the judicial system; and statewide private organizations concerned with children and family issues.

The group has developed a mission statement, leadership structure, bylaws, goals, and operating plans.

The goals of MODEC include:

- To provide services to local groups that address drug endangered children and promote effective services resulting in the well-being of children and families.
- To create public awareness through effective media and strategies using a variety of tools and resources.
- To provide educational opportunities, assistance, support, and resources about drug endangered children.
- Advocate for policy/practice changes impacting drug endangered children.

In July, 2009, the Missouri Alliance for Drug Endangered Children held its Inaugural Summit, which received enthusiastic response from attendees.

Research Committee

In addition to the collaborative efforts mentioned above, the Division permits research and release of data involving persons served with outside entities and collaborative partners. In doing so, however, the Division exhibits due regard for study subjects' participation rights with emphasis in areas of privacy and confidentiality. All research and release of data involving persons served is conducted in accordance with applicable legal requirements.

The Research Committee of the Division was established in 2005 in order to meet standards established by the Council on Accreditation (COA). As part of its Risk Prevention and Management, COA requires that management conducts an internal assessment of overall risk at least annually that includes research involving program participants and other clients' rights issues.

Persons requesting to do research are required to complete and submit an *Application to Conduct Research* to the Research Committee. Research applicants must fully explain the purpose, methodology, and expected benefits and risks of their studies, and they must provide copies of their HIPAA-compliant consent forms. Additionally, they must describe the specific data they are requesting and explain why the identifying information is essential to their research, and they must provide a detailed plan outlining how they will maintain confidentiality of the identifying information used in their research. The Research Committee is responsible for evaluating all research proposals to ensure research plans are in compliance with Missouri statutes and with policies and procedures set forth by the Division.

Three CD staff members, one of whom is the Division's HIPAA privacy officer, serve on the Research Committee which meets as often as necessary. The Research Committee renders its decision to approve or deny requests and then notifies the applicants of its decisions within approximately two weeks.

Examples of specific research projects the Division has approved are provided on the state's Title IV-B Plan at http://www.dss.mo.gov/cd/cfsplan/pi_req.htm#1.

Measure of Effectiveness:

The Division has had a strong connection to the community for many years. The community is often looked to for feedback, support, and outcome driven consultation. During the last on-site review, most state-level stakeholders indicated that the agency requests their feedback on annual reports of agency performance.

Promising Approaches:

Fostering Court Improvement Initiative (FCI), as mentioned previously in this item, is a collaboration initiative between the Division and the Courts and having a positive impact on permanency.

Item 40: Coordination of CFSP Services with Other Federal Programs

Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

Round One Result: **Item 40** was rated as a Strength because the CFSR found that the State's services under the CFSP are coordinated with other Federal programs serving the same population.

Progress Since Round One:

The Division was divided into its own entity shortly following the CFSR round one. After the separation, the Division was able to develop their own vision, mission and guiding principles. The Division's Guiding Principles holds a standard or belief that partnerships between families, communities and government(s) share the responsibility to create safe, nurturing environments for families to raise their children and only through working together can better outcomes be achieved.

Below are the collaborative efforts directly or indirectly impacting federal programs.

Federal Grants and Collaboratives:***Inter-Departmental Initiative Unit***

Within the Central office structure for the Children's Division, there is a unit who participates with Department of Mental Health (with both DD [Developmental Disabilities] and CPS [Comprehensive Psychiatric Services]), Family Support Division (TANF), MoHealthNet (Medicaid), and DYS (Department of Youth Services). In addition to this unit's collaborative efforts, the Division has appointed liaison who collaborate on specific initiatives almost on a daily basis. Early Head Start and Child Care programs are under the Children's Division umbrella.

Governmental programs, as mentioned above, collaborate on a regular and constant basis. Any time a joint or in-common issue arises, committees, meetings, or initiatives are formed to meet the need.

Fostering Court Improvement

The Fostering Court Improvement Project has increased the sites participating in this initiative and added an additional project, the Juvenile Court Improvement Project since CFSR round one. The descriptors for the both of these projects are included in Items 38 and 39.

TIES Program

In the Kansas City area, there are two active federal grants; Previous abandoned Infant Comprehensive Demonstration project (2004-2008) and Abandoned Infants Assistance: Comprehensive Support Services for Families Affected by Substance Abuse and/or HIV/AIDS (2009-2013). Both these grants were awarded to Children's Mercy Hospital to fund the TIES program. The TIES program is an intensive home-based community oriented intervention program that assists pre or post-partum women and families who are affected by substance abuse or HIV/AIDS. The program views the family as the client and works with the family as a unit. Enrollment can occur any time from pregnancy until the child reaches 6 months of age. Participation in the program can extend through the child's second birthday.

The TIES program can receive referrals in part through the Division's Newborn Crisis Assessment process as well as the Family Drug Court. If a family is involved with both the Division and the TIES program, the TIES worker is involved in Family Support Team meetings. Joint visits with the family can occur and on-going contact with Division staff is expected. TIES workers are in attendance at drug court staffing if the family has involvement. It is estimated, at least 50% of the families that are served by the TIES program have had some sort of involvement with the Division. A TIES consortium meets every two months and a representative from the Division is an active member of the consortium.

Nurses for Newborns

In the St. Louis area, the Nurses for Newborn grant, funded through 2012, is a general resource for our clientele. The Division has collaborated on trainings and has included Division staff. In addition, they are part of a collaborative group which holds roundtable discussion focusing on problem solving for better outcomes for the children and families in common.

Project Protect Program

The federal grant awarded through the St. Patrick Center, known as the Project Protect Program accepts direct referrals from the Division specifically for substance abuse and homelessness. The Division is part of the planning and implementation committees overseeing this grant. (Under the federal title of Targeted Grants to Increase the Well-Being Of, And to Improve the Permanency Outcomes For, Children Affected by Methamphetamine or Other Substance Abuse).

QIC Performance Based Contract Grant

Pursuant to the RFP from the University of Kentucky Quality Improvement Center (QIC) for evaluation studies of public-private partnerships in performance-based contracting in child welfare, the State of Missouri Children's Division, its private contractor consortia, and the University of Missouri-Columbia School of Social Work developed a proposal to evaluate the long-term maintenance needs for successful contracting for children in out-of-home care. This proposal was viewed as the next step in understanding how to maintain successful partnerships which can result in improved services to children and their families.

This Project expects to answer the following research questions.

- Does an inclusive and comprehensive planning process produce broad-scale buy-in to clearly defined performance based contracting goals and ongoing quality assurance?
- What are the necessary components of performance based contracts and quality assurance systems that promote the greatest improvements in outcomes for children and families?
- When operating under a performance based contract, are the child, family and system outcomes produced better than those produced under the previous contracting system employed?
- Are there essential contextual variables that independently appear to promote contract and system performance?
- Once implemented initially, how do program features and contract monitoring systems evolve over time to ensure continued success?

The QIC project will end with a final report produced in December, 2010.

Child Welfare Training: Curriculum Development and Evaluation for Healthy Marriage and Relationship Education

The goal of the Healthy Relationship and Marriage Education Training Project (HRMET) is to meet the safety, permanency and well-being needs of vulnerable children and reduce racial disproportionality in the child welfare system. HRMET's approach is to increase child welfare workers' access to relationship and marriage education by creating a cost-effective and sustainable multi-state, five tier delivery saturation model. This particular research project will contribute to HRMET's effort by gathering information from current child welfare workers and administration, as well as social work undergraduate and graduate students at universities in at least two states. The survey results will be used to determine: 1) how child welfare workers and students view marriage and relationship education, 2) whether there are differences in how caseworkers, administrators and students view marriage and relationship education, and 3) the current attitude toward training and courses on this topic. The Division has been collaborating with the University of Missouri on this project since June 2007.

Fathers for Life – Incarcerated Fathers Collaboration Project

The Fathers for Life project began through federal funding in July of 2005 but is now completed. Twelve sites participated in the Fathers for Life Project. Two sites joined the project initially as Tier I sites. Tier I sites included the Missouri Valley Community Action Agency and the Delta Area Economic Opportunity Corporation. These sites are actively recruiting fathers and providing project interventions. In year two of the initiative, three additional sites joined the project as Tier II sites. These sites include the Community Action Partnership of Greater St. Joseph, East Missouri Action Agency and Grace Hill Settlement House. Tier III sites who began participating in the third year three are: Children's Therapy Center Early Head Start, Sedalia; YMCA-Kansas City; Head Start, Independence School District; Head Start, Kansas City; Ozark Area Community Action Agency Head Start, Springfield; Douglass Community Services Head Start, Hannibal; Northeast Mo. Community Action Agency Head Start, Kirksville; and South Central Mo. Community Action Agency Head Start, Winona.

Fathers who chose to participate in this project had the opportunity to benefit from a wide variety of project interventions such as 24/7 Dad; Focus on Fathering; Parents as Teachers (PAT) Group

Classes; PAT Individual Parent Coaching; Parenting Apart Classes; Enhanced Employment Services; and, Mediation. This initiative allowed more fathers to get involved, and get educated. The initiative also encouraged community support and resource development for fathers. The funding for this grant ended in December of 2008, but planning efforts of the Executive Steering Committee and other key local and state partners at the conclusion of the Fathers for Life project resulted in consensus on a number of recommended next steps. Each of these suggested next steps is built on the over-arching goal of continued development and maturation of the Fathers for Life model while replicating it throughout Missouri and in the four-state region.

- Build partnerships within the Head Start network in Region VII (Iowa, Nebraska, Kansas, and Missouri) to facilitate the replication of the Fathers for Life model in the other three states. It is projected that these efforts would further strengthen the durability of the model and the adaptability of the model to different state infrastructures and locales. At the same time, attempts to replicate the model are projected to further increase the impact of the investment already made in the Fathers for Life resources, thereby benefiting more fathers and their families.
- Rebuild the state leadership in Missouri for long-term sustainability of the Fathers for Life model. This would involve a determination of the systemic ways that the Missouri Head Start Association and the Missouri Head Start-State Collaboration Office would assume leadership in maintaining the initiative within Head Start. It might also involve greater connectivity with the Early Childhood Comprehensive System initiative and the Missouri Re-Entry Process initiative in Missouri. The end result would be widespread usage of the Fathers for Life resources throughout the 22 Head Start grantees and their communities. It is recommended that outcomes of locally implemented interventions with fathers continue to be evaluated to determine their effectiveness.
- Enhance the Fathers for Life resources by developing translations into Spanish and determining appropriate supplemental materials in Spanish. The quality of the Fathers for Life materials was perceived to be very high by all stakeholders who had the opportunity to evaluate them. An important next step would be increasing accessibility for persons who speak Spanish.
- Since the Fathers for Life curricula were highly regarded, incorporation of these materials within a broader framework of fatherhood materials would be advantageous. A well-indexed compilation of fatherhood materials could result in easier accessibility, greater functionality, and more widespread usage of quality materials which are under-utilized.
- Adapt the Fathers for Life resource manuals for application in Correctional Centers. This recommended strategy would facilitate better preparation of fathers for reentry into society and fulfilling their parenting responsibilities.

Building strong, effective partnerships requires a level of information-sharing and trust-building that takes time. Great strides were made at both the state level and the community level in stakeholders becoming oriented to the systems of others to accomplish the goals. The common vision of what is perceived to be good for families and for children continues to be a driving, unifying force of the stakeholders who were involved in the Fathers for Life project.

Adoptions Opportunities: Diligent Recruitment of Families for Children in Foster Care System:

The Children's Division of the Missouri Department of Social Services is receiving the Adoption Opportunities Grant, a five year grant, proposing *Extreme Recruitment*, an innovative diligent recruitment program that will improve permanency outcomes for children in custody in St. Louis and surrounding counties. *Extreme Recruitment* is an intensive, 12-20 week, individualized recruitment effort whose strategies include preparing the child for permanency; conducting diligent searches to reconnect them with kin; and achieving permanency through general, targeted and/or child-specific recruitment and wraparound services. The program will serve 150 youth during the grant, ensuring a system of supportive adults for at least 90% of youth, and achieving permanency through adoption or guardianship for at least 70% of youth.

Extreme Recruitment will be a model demonstration program because:

- 1) It works with both Missouri's privatized and public child care systems, making it applicable and replicable in most other areas and systems;
- 2) It utilizes innovative methods (Internet searches, the use of a private investigator) to locate up to 40 possible adult resources (kinship, foster, concurrent and adoptive families) for every child in care;
- 3) It offers tailored pre-service training information for adult resources to help them better understand and prepare for the specific child/youth groups (teens, siblings, behavioral issues) for which they are recruited; and
- 4) It provides stronger wraparound retention supports for the family to help assure permanency and electronic supports for the community and the families in ways that have not been done before.

At this time, there has been no baseline data released for this grant.

Items 41 and 42 are combined for the Statewide Assessment

Item 41: Standards for Foster Homes and Institutions

Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

Round One Result: **Item 41** was rated as a Strength because the CFSR determined that the State has implemented standards that are reasonably in accord with national standards.

Item 42: Standards Applied Equally

Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

Round One Result: **Item 42** was rated as a Strength because CFSR findings indicate that licensing standards are applied to all foster family homes and childcare institutions receiving IV-E or IV-B funds.

Policy Requirements:

Foster Homes

The Division is responsible for licensing of foster homes, including group foster homes. Missouri's licensing rules include: approval, denial or revocation of license, number of children, health of foster family, training guidelines, physical standards of foster homes, sleeping arrangements, fire and safety requirements, care of foster children, and recordkeeping. Staff use the licensing requirements to establish and maintain new and existing licensed foster homes.

Each foster home is licensed for a 24-month period. Before licensure and at the time of renewal, each applicant and every person in the home 17 years of age and older must complete a criminal background and child abuse/neglect records check. No person with a felony conviction for child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, rape, sexual assault, or homicide may be licensed. Also banned from licensure are those who in the past five years have had a felony conviction for physical assault, battery, or a drug-related offense. The Division has an appeal process for denial and revocation of licensure.

Missouri's foster parents must complete 27 hours of STARS (Specialized, Training, Assessment, Resource, Support/Skills) Training and demonstrate five competencies before being licensed. An assessment of the home is also completed that entails four in-home consultations and approximately ten hours of interviews with all household members.

Relative Homes

Relative homes have two non-safety standard modifications, minimum age can include relative providers 18 years or older and they need only to complete 9 hours of The Care Giver Who Knows the Children training. Due to the current Fostering Connection legislation, non-safety

standards are being proposed for possible waivers such as health issues of the relative provider, physical standards of the home, sleeping arrangements and personal space for clothing and belongings, etc.

Adoptive Homes

The Division is responsible for the approval of adoptive homes working with Missouri's child placing agency. The process for adoption includes the Spaulding Training, a specialized training curriculum for adoptive families. Spaulding Training is an additional 12 hours of training, following the completion of STARS training. Individuals and families interested in adoption must also have an adoptive home assessment completed following the training and prior to approval. Relatives are strongly encourage to participate and complete the Spaulding Training but not required in order to adopt.

Residential/Child Placing Agencies

The Missouri's Children's Division provides regulatory oversight of Residential Child Caring Agency (RCCA) and Child Placing Agency (CPA) licensure pursuant to 210.486 RSMo. Since 1993, Missouri Statute 210.484 stipulates that RCCA licensure be the responsibility of the Department of Health and Senior Services (DHSS). DHSS and the Children's Division, however, currently have a mutual agreement for the Children's Division to continue RCCA licensure activities. Licensed RCCA and CPA operating sites are supervised by the Division Residential Program Unit (RPU) where licensing consultants ensure compliance with RCCA and CP rules. When non-compliance occurs, agencies are requested to provide RPU with corrective action plans. Currently, this is being done on a case by case basis using the routine paper RPU inspection documentation. In the case of a complaint, RPU tracks whether or not a corrective action plan is submitted. RPU has tracked complaints and other areas of non-compliance, such as physical plant issues, record-keeping, etc, should be tracked quantitatively and placed in a database. This information will be in the Measure of Effectiveness section.

RCCA and CPA rules are comprehensive in that they address issues such as child safety, staff educational qualifications, pertinent experience, staff training, staff/child ratios, appropriate discipline, avoidance and reporting of child abuse/neglect, confidentiality of records, child and staff health issues, physical plant, sanitation, and fire and safety issues, children's services assessment and planning issues, and record keeping.

RCCA and CPA rules are periodically reviewed for updates. At the current time revisions are underway to define and expand drug convictions criteria to include possession, delivery, distribution, manufacturing, production, etc; expand the definition for "good standing", decrease staff to child ratio per level of needs; allow medical exams to be conducted by a doctor or a nurse practitioner with a collaborative agreement with a licensed physician; have residential board officers to disclose place of employment to ensure no conflict of interest; expand criteria for the suspension and revocation of license followed by the due process explanation.

Progress Since Round One:

In June, 2004, mandatory fingerprinting for all adults 17 and older and those younger than 17 years of age but certified as an adult in the home.

In June 2004, Family Care Safety Registry established. This registry is for screening of individuals who work with vulnerable populations and overseen by the Department of Health and Senior Services.

In 2006, each foster home must complete and review quarterly a Professional Family Development Plan which assess the family's learning needs; identifies non-training barriers to their performance of the essential tasks of fostering; develops a plan to build upon their knowledge and skills; and guides the agency's overall system enhancing the competencies of its foster families for the children placed in the home.

In December 2006, foster home rules were promulgated to set a standard to apply to any home seeking licensure in the state of Missouri. Compliance to the rules must be adhered to in order to be awarded a license and renewal to provide foster to children in the custody of the state.

As of April 2008, for children placed in an unlicensed relative home, maintenance payments have been extended from 30 days up to 90 days during the licensure process.

In August 2008, residential child care rules revised to move the rules under the Division's umbrella and named specific crimes from background checks which would exclude individuals from working in a residential facility. These specific crimes are such as: forcible rape, prostitution, first and second degree murder, kidnapping, etc.

Measure of Effectiveness:

In 2004, there were seven (7) voluntary intake suspensions, and one (1) involuntary intake suspension. Out of the seven (7) voluntary intake suspensions, four (4) were for agencies voluntarily closing, two (2) were for reorganizations within the agency, and one (1) was for a critical incident. The one (1) involuntary intake suspension was for staff training and program revisions need to ensure resident health and safety. The involuntary intake suspension eventually led to a revocation of the license to operate a residential child care agency as the agency failed to develop an acceptable corrective action plan.

In 2005, there was one (1) voluntary intake suspension for an agency that voluntarily closed.

In 2006, there were four (4) voluntary intake suspensions, and one (1) involuntary intake suspension. Out of the four (4) voluntary intake suspensions, two (2) were for agencies voluntarily closing, one (1) was for a fire, and one (1) was due to a critical incident.

In 2007, there were no intake suspensions of any kind.

In 2008, there were five (5) voluntary intake suspensions. Out of the five (5), one (1) was for a loss of staff, one (1) was due to a child abuse/neglect investigation alleging medical neglect, two (2) were for reorganization of the agency, one (1) was for an agency voluntarily closing, and one (1) was due to a critical incident.

In 2009, there were five (5) voluntary intake suspensions. Out of the five (5), two (2) were for critical incidents (swine flu), one (1) was for an agency voluntarily closing, and two (2) were for fires.

In sum, 22 voluntary intake suspensions and only two involuntary suspensions occurred since 2004. Keeping track of the types and reasons for suspensions help policy and rule writers hone in and better define regulations which in turn protect children. Together the residential rules and foster home licensing rules are intended to improve the standards of child caregiving and most likely have a direct impact on the Safety Data Indicator for Absence of Child Abuse and/or Neglect in Foster Care. The Data Profile shows Missouri exceeding the national standard in 2008 and slightly under in 2007. The clearly defined rules and processes, along with continual oversight of homes impact this measure significantly.

Item 43: Requirements for Criminal Background Checks

Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Round One Result: **Item 43** was rated as a Strength because the CFSR determined that the State complies with Federal requirements for criminal background checks.

Policy Requirements:

Foster Homes

The state complies with Federal requirements for criminal background checks related to licensing or approving foster and adoptive placements and exceeds the Adam Walsh requirement for child abuse/neglect background screening for resource homes. Non-relative foster homes background checks are completed during the licensure process and no placements are made until the provider is fully licensed and contracted to provide foster care. Relative and kinship homes are name based checked prior to placement. The FBI has approved the use of a Purpose Code “X” to be used by law enforcement agencies that will allow the delay of fingerprints when placing a child in an emergency situation. Fingerprints are submitted within 15 days of the name based screen.

Fingerprints are required of every individual residing in the home 17 years of age and any person under the age of 17 who has been certified as an adult. Fingerprints are captured by an electronic fingerprint vendor contracted with the Missouri Highway Patrol.

Each household member 17 years of age and older must register with the Family Care Safety Registry (FCSR). The registry is maintained by the Department of Health and Senior Services (DHSS). It will search the following systems:

- a. CA/N records (findings of “Preponderance of Evidence” court adjudicated”, or prior to August 28, 2004, “Probable Cause“ findings),
- b. Employee Disqualification List, maintained by the Department of Health and Senior Services (DHSS),
- c. Child-care facility licensing records maintained by DHSS,
- d. Residential living facility and nursing home records, maintained by DHSS,

- e. Employee Disqualification Registry maintained by Department of Mental Health;
- f. Foster parent licensing records, maintained by the Children’s Division (CD); and
- g. Ex Offender Registry information maintained by the Missouri State Highway Patrol (MSHP).

Child abuse and neglect registries are checked for every state that every individual in the home 17 years of age and older have resided since the age of 17. This exceeds the Adam Walsh legislation requirement of background checks in other states for the previous 5 years.

Family Care Safety Registry mails a letter to the county office and to the individuals that register reporting the result of the check. Any “hits” on their form letter will result in denial of licensure. Likewise, fingerprinting results are sent from the Highway Patrol to the gatekeeper of the results for disseminating to the county office.

The appeal process for denial and revocation of licensure is detailed in policy and provided to the applicant.

Residential Treatment Facilities

Licensed residential and child placing agencies currently operate under the Code of State Regulations, specifically, Title 13, Chapter 71 Licensing Rules for Residential Child Care Agencies. Information regarding background checks for all staff, students, volunteers and contractors who have direct contact with children can be found in 13 CSR 35-71.020, 13 CSR 35-71.030 and 13 CSR 35-71.045. Presently fingerprinting is not required by rule or contract; however a check of the Family Care Safety Registry (FCSR) is required upon initial employment and is to be conducted annually thereafter. The FCSR check reveals the following information:

- 1) State criminal history records maintained by the Missouri State Highway Patrol;
- 2) Sex Offender Registry maintained by the Missouri State Highway Patrol;
- 3) Child abuse/neglect records maintained by the Department of Social Services;
- 4) The employee disqualification list maintained by the Department of Health & Senior Services;
- 5) The employee disqualification registry maintained by the Department of Mental Health;
- 6) Child-care facility licensing records maintained by the Department of Health & Senior Services;
- 7) Foster parent licensing records maintained by the Department of Social Services

Per Title 13, Chapter 71 - Agencies shall require that each employee, student, volunteer, and any contracted personnel who have direct contact with children to secure and provide to the agency an annual child abuse/neglect and criminal background screening utilizing the Family Care Safety Registry from the Department of Health and Senior Services. Any employee who resides in another state and works in the state of Missouri, or who has relocated to the state of Missouri within the last five (5) years, shall provide documentation of background screening(s) from those states to include, but not limited to, child abuse/neglect and criminal background screening check(s). When an employee who lived in another state or states within the last five (5) years now resides in the state of Missouri, the documentation of child abuse/neglect and criminal background screenings check(s) from the previous state(s) only needs to be completed upon initial employment. If the employee continues to reside in another state, the out-of-state check

shall be done annually. An agency shall exclude from employment who are found guilty, plead guilty, or plead no contest to felony crimes against persons as specified in Chapters 565, 566, 567, 568, and 573, RSMo, or the same serious crimes against persons regardless of the state or country in which the crime was committed and/or court adjudicated, probable cause, and/or preponderance of evidence child sexual abuse and/or serious child physical abuse and/or serious child neglect. An agency shall also exclude from employment persons who are on the respective Department of Health and Senior Services and/or the Department of Mental Health lists that exclude child or adult care employment and/or licensure.

Also per Title 13, Chapter 71 - If an employee is hired with a child abuse/neglect/criminal history that does not otherwise exclude the employee from employment, the agency administrator/executive director shall document in writing in the employee's file the reason for hiring the employee and how children in residence at the operating site will be protected.

Progress Since Round One:

In January 2004, BSIU, Background Screening Investigation Unit was established as a single point of contact for the Federal Bureau of Investigation per federal rule.

In 2008, voluntary fingerprinting began for licensed and contracted residential and child placing agencies.

Measure of Effectiveness:

Foster Homes

State and national criminal record checks are completed for each household member age 17 or older, or any person under the age of 17 who has been certified as an adult. These checks are completed by the submission of fingerprints by the applicants and required household members.

The Missouri State Highway Patrol (MSHP) will complete a state criminal record check and then electronically send the fingerprint images to the FBI for a national search of criminal records. The MSHP collects the fingerprints using a contracted electronic fingerprint vendor. Applicants must register with the electronic fingerprint vendor to schedule their appointment to have their fingerprints scanned. The CSW provides the appropriate authorization letter to the applicant which indicates whether the applicant is being fingerprinted for all resource services (CD-26a), adoption services only (CD-26d), or as the biological parent (CD-26b).

The Division cannot pay for criminal background checks completed on biological parents or for court ordered studies on private adoptions and guardianships.

The completed reports will be sent to the Division Background Screening and Investigation Unit, BSIU, and then forwarded to the local CD office. The criminal record check reveals open and closed record information on individuals consisting of arrests, prosecutor and court actions, correctional supervision, and release. All felony and serious misdemeanor arrests including sexual offender registration information as defined under 589.400, RSMo. All alcohol and drug related traffic offenses are considered reportable criminal offenses.

BSIU will maintain a log of all criminal background checks completed on alternative care providers and applicants.

For relative and kinship immediate placements and emergency placements the following is policy:

The Division will request that a local or state law enforcement agency or juvenile officer immediately conduct a name-based criminal history record check to include full orders of protection and outstanding warrants of each person over the age of 17 residing in the home by using the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center (NCIC) to access records maintained by the FBI. After the name-based search has been conducted and the child has been placed with the relative or kinship family, the worker must submit two sets of fingerprints to the Highway Patrol to be used to search the criminal history within 15 days of the MULES request. Results of these checks will be provided to the Division office that made the request: The worker or juvenile officer requesting the MULES inquiry is required to follow up with the local law enforcement agency if no fingerprints will be submitted due to a disqualifier found on the person's criminal record and the individual is not contesting the record.

Any child placed in a relative or kinship home shall be removed immediately if any person residing in the home fails to provide fingerprints after being requested to do so.

If the placement of a child is denied as a result of the name-based criminal check, and the denial is contested, the kinship provider has 15 business days to submit two sets of fingerprints to the Highway Patrol through the Division.

Residential Treatment Facilities

Beginning in December 1 2008, the Children's Division began a voluntary fingerprinting process for licensed and contracted residential and child placing agencies. During this process, agencies were encouraged to have their existing staff and volunteers obtain fingerprints which allowed for a complete criminal background check. These checks included not only a check of the Missouri State Highway Patrol Records, but also the Federal Bureau of Investigations records and revealed open and closed records both inside and outside the state of Missouri. The Children's Division paid for these checks and many agencies participated. Fingerprinting was voluntary, not required.

On September 24, 2009, the voluntary fingerprinting process was modified so that only newly employed staff and volunteers with start dates after August 1, 2009, could continue to get fingerprinted at the expense of the Children's Division. Agencies could continue to have their existing staff fingerprinted if they chose to do so, but the agency would be responsible for the expense. This modification was the result of evaluation of the original voluntary process, belief that ample time had been allowed for agencies who wished to participate in the original voluntary process for existing staff to do so, and consideration of available funds to continue the process. Beginning September 24, 2009 and continuing through the end of 2009, agencies continued to have their new hires and volunteers starting after August 1, 2009, to be fingerprinted. The Children's Division received and evaluated the results of the criminal history information obtained as the result of the original and modified voluntary fingerprinting process. When a concern with an agency employee's or volunteer's history met exclusionary criteria under Title 13, Chapter 71, the Division notified the agency so that the agency could take appropriate action to ensure the safety of children.

When the Division opened the fingerprinting process at the expense of the agency, there was approximately six to seven thousand fingerprint requests processed. Of those processed, only

three returned with criminal histories. The agency will cease paying for this volunteer fingerprinting program as of April 30, 2010.

Strengths:

The Division is presently working through the process of revising the rules for residential child care agencies. Many revisions are being considered, including expansion of the exclusionary criteria to include additional serious crimes regarding drug abuse criteria to the list of exclusionary offenses thus better protecting the children being served.

Challenges:

There are two primary barriers to the continuation of the voluntary fingerprinting process of staff and volunteers of contracted and licensed residential child care agencies:

- 1) At the present time, budgetary constraints threaten the Division's ability to continue to absorb the cost of fingerprinting for all new employees and volunteers of these agencies.
- 2) At the present time, agencies are not required to participate in fingerprinting either by rule or contract.

Item 44: Diligent Recruitment of Foster and Adoptive Homes

Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

Round One Result: **Item 44** was rated as an Area Needing Improvement because CFSR findings indicate that the State does not have a statewide recruitment plan and recruitment activities are not conducted year-round.

System Description:

Finding Resource Families for Children

The CD adoption recruitment plan has two components; a group of core-activities for which Central Office and every circuit or county will be responsible, and a group of optional activities from which offices choose. Through these activities, the CD desires to reach all potential families regardless of their cultural, ethnic and socioeconomic status. Each circuit develops their recruitment plan around the individual circuit's needs.

Individual circuits or counties will appoint a designee(s) to develop, implement and maintain a year round recruitment plan as well as develop printed and other informational materials and tools, with assistance from the Department of Social Services (DSS) Communications. Each county across the state has an individualized plan developed to meet the needs of the area. All local staff and contiguous counties should know the plan. The core activities of the recruitment plan include:

- A recruitment theme which is currently "You won't believe what you have been missing" will be utilized ;
- Public informational meetings to educate the community about foster care and adoption;

- Distribution of informational packets as a result of families calling the 800 number or their local office requesting the information and then tracking of these interest calls through a webfronted database;
- Person to person contacts by foster/adoptive parents as mentors;
- Completing family assessments timely, within 90 days;
- Regular use of the media for recruitment through Wednesday's Child Promotions, A Place to Call Home, radio spots and newspaper features;
- *Home for the Holidays* collaboration with the Dave Thomas Foundation; Utilize and maintain CD Internet web page and work with two national sites where CD children are featured including Photo listing: <http://www.dss.mo.gov/cd/adopt>. This web site lists profiles and pictures of approximately 200 of Missouri's waiting children. This site is maintained by the Collaboration to AdoptUSKids site. The AdoptUSKids and National Adoption Exchange are national websites where Missouri's waiting children are featured. Additionally, the state has a website of Jackson Co. available children with links to the other sites as well as general recruitment information for foster/adoptive parents.
- Celebrate National Foster Care month (May) and National Adoption month (November) and include media campaigns and print materials for recruitment.

The optional activities from local office include:

- Northwest Adoption Event
- Northeast Adoption Event
- Linking Hearts Adoption Open House at Ft. Leonard Wood. Effort to profile children and meet families interested in fostering and adopting
- Jackson Co. website allows waiting children to be featured as well as information to be shared with the public in electronic format regarding training classes and general information about CD programs. Sponsored by LINC of Jackson County
- Heart Gallery which features over 200 waiting children and appears in 23 venues around the state, this year including the Missouri state fair.
- National Recruitment Saturday Celebration in St. Louis County
- Faith based mini-conferences in St. Louis, Jackson County and Springfield
- Jackson Co. and St. Louis have started a bus campaign to recruit foster and adoptive families
- St. Louis also began a movie ad campaign that has been successful.
- St. Louis Co. also utilized advertisements in grocery stores to heighten awareness for the need for resource families and specifically for permanency resources for children who wait.
- Profiles of waiting children run in the Kansas City Star.

The Children's Service Worker/foster or adoptive parent or volunteer will receive inquiry through telephone call to the 800 Foster/Adopt line or a local office, letter or personal contact, and screen the inquiry for appropriateness and enter the information into the database available to track the effectiveness of our recruitment, training, home assessment and retention processes.

Finding Adoptive Families for Children

The Division's commitment to permanency for every child is the basis of the following search and recruitment plan. It involves sequential activities designed to utilize all possible resources in Missouri, the region and the nation in finding a permanent family for a child.

No later than the end of the first month following the decision that a child is available for adoption, the worker carries out the steps outlined below:

- Workers shall complete the Consent for Special Recruitment Efforts and obtain a court order allowing special recruitment for the child.
- Workers shall write the child's adoption profile, including long profile, short profile and media profile. Workers shall obtain a photograph of the child or sibling group available for adoption whenever possible these photos should be taken by Heart Gallery photographers for the highest quality recruitment photo.
- Supervisors shall review the adoption profile utilizing the Media Profile Checklist.
- Workers shall complete the Missouri Waiting Child Registration Form and submit with all necessary attachments, including the court order authorizing recruitment efforts, long profile, short profile, medial profile and photograph of the child.
- Send a statewide e-mail request for adoptive assessments of approved families
- Refer minority children to any Children's Division (CD) special recruitment projects.
- Within the first two months when needed; the worker shall initiate other child specific recruitment activities, i.e. Wednesday's Child appearances, A Place to Call Home appearances or involvement in the Linking Hearts Adoption Event.
- Following the establishment of the goal of adoption, there will be regular supervisory reviews of each child for whom an appropriate resource cannot be located. The review will be conducted weekly for children 12-months and under, and monthly for children over 12-months. This procedure includes:
 - a. Reviewing recruitment activities and responses to recruitment,
 - b. Identifying barriers to placement,
 - c. Reviewing the child's narrative profile to ensure that the child's strengths are presented in an appealing manner,
 - d. Determine additional plans and activities for continuing to meet the child's goal of permanency through adoption, such as: referral to the Second Level Adoption Matching Team using local procedures; participating in various adoption fairs/carnivals around the state; and
 - e. Record in the child's narrative that the supervisor has reviewed the recruitment efforts, and document any additional efforts that will be utilized. The supervisor will sign the entry.
- When required procedures have not been implemented, the immediate supervisor must outline with the worker a process for recruiting families for any child waiting for adoptive placement.
- It is the Division's preference that children obtain the permanency of adoption rather than permitting the child to remain indefinitely in out-of-home care. Therefore, the following activities should be carried out on a regular basis for any "waiting" child:
 - a. Follow-up immediately on any subsequent referrals from exchanges, recruitment activity, etc.
 - b. Initiate additional e-mail requests at reasonable intervals; i.e., every three months.

- c. Continue indefinitely, recruitment activities and other methods of making known the child's need for permanency through adoption

When it has been determined that adoption is the plan for a child and there are no (or very few) available family resources, within two months of that determination, enter the registration form, as well as the following media profile information onto the national web site, AdoptUSKids, which will automatically enter the child onto the Missouri Adoption Photo-Listing web site. Also, complete forms to enter the child onto the Adoption Exchange's web site. Children's photographs and profiles will be displayed on these web sites in an effort to broaden recruitment efforts.

Progress Since Round One:

Since the last statewide assessment, many **circuits** have developed plans for increasing the number of resource families and increasing the capacity to conduct home studies. The Heart Gallery was founded by New Mexico Children, Youth and Families Department in 2001 as a unique way to help children in foster care who are waiting for adoptive families. Missouri adopted the Heart Gallery concept in 2006. The Heart Gallery travels to many different areas of the state. There are photographs of waiting children from around the state featured. The public is encouraged to attend the site kickoff and invite potential adoptive resources to come to see the display and consider adoption, viewing the different photos including brief information about the children featured. If a prospective adoptive parent has interest in a particular child(ren), they may request more information about the child. The agency has been conducting the Heart Gallery annually since 2006 expanding this year to 23 venues.

In December 18, 2008 a CD memorandum alerted staff to an updated Adoption Recruitment process and introduced a newly developed streamlined recruitment tool – The Missouri Waiting Child Registry Form. This form is to be utilized to streamline the recruitment process for children whose permanency plan is adoption. The information contained in the Registry form allows workers to gather all necessary information to refer waiting children to the Missouri Heart Gallery, Adoption Exchange as well as other online venues such as Adopt US Kids.

In 2008, the Children's Division was awarded a grant from the Federal Department of Health and Human Services to carry out Extreme Recruitment. Extreme Recruitment is a project designed to find and support a permanent resource for a child in a fraction of the time it would normally take (12-20 weeks vs. 12-24 months). In the pilot year, 70% of the youth served by this new practice were matched with adoptive families. Extreme recruitment serves the hardest-to-place children: ages 10-18, sibling groups and youth with emotional, developmental, or behavioral concerns. During the next four years, 150 youth from St. Louis City and the counties of St. Louis, St. Charles and Jefferson will be served by the new program.

The Children's Division has an ongoing collaboration with our faith and community partners through the Missouri Faith Based Initiative. Meetings are held quarterly in Jefferson City to review Missouri's approach to identifying temporary or permanent resources for children needing foster care or adoptive placements. These meetings are attended by private child placing agency representatives, community partners, representatives from the clergy, staff of the Children's Division, Family Support Division and Division of Youth Services. As a part of these

meetings members strategize on how to utilize the Faith Community to recruit and support the resources needed.

Measure of Effectiveness:

The Extreme Recruitment project (funded through federal grant) will allow the Division over the next 5 years to connect youth age 10 and older, who have been in foster care for at least 15 months with kin or other supportive adults who can provide a sense of identity and belonging. This approach has a goal of making connections within 12 to 20 weeks versus other traditional approaches that can take up to 24 months. The Division has set a goal of connecting 90% of the children identified with kin or other supportive adults and move 70% of them into permanent adoptive homes.

Strengths:

Strong partnerships with the faith community, the adoption exchange, the media in various locations, Wendy's Wonderful Kids recruiters and the oversight committee for the extreme recruitment grant whose aim is to find the most effective process in recruitment, retention and support of foster and adoptive resources.

The Webfront database captures the effectiveness as well as ineffectiveness of various recruitment events, Heart Gallery, media presentations etc. The webfront database tracks each interested caller to the 800 foster/adopt line, from time of initial call, through the application, training and assessment process with the aim of identifying any areas needing improvement or follow up and the timeframes that need to be adjusted accordingly. The Webfront database is maintained by the 800 foster/adopt line contractor.

Challenges:

Consensus among staff is the most appropriate recruitment campaign or slogan and the ability to tailor their campaign for each area according to their needs and populations as well as the demographics of the children who wait.

Promising Approaches:

The Streamlined Recruitment Project is a promising approach that the Children's Division has initiated to attempt to have children awaiting permanency through adoption to be featured in as many venues as possible. Tools have been developed to assist workers in this effort.

The Extreme Recruitment project (funded through federal grant) is a promising approach that will allow the Division over the next 5 years to connect youth age 10 and older, who have been in foster care for at least 15 months with kin or other supportive adults who can provide a sense of identity and belonging. This approach has a goal of making connections within 12 to 20 weeks versus other traditional approaches that can take up to 24 months. The Division has set a goal of connecting 90% of the children identified with kin or other supportive adults and move 70% of them into permanent adoptive homes.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements

Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Round One Result: **Item 45** was rated as a Strength because the State effectively uses cross-jurisdictional resources to facilitate timely placements for waiting children.

Policy Requirements:

The Interstate Compact on the Placement of Children (ICPC) is a legally binding contract among member states approved by the U.S. Congress and the legislatures of all 50 states, District of Columbia, and the U.S. Virgin Islands as uniform law. The law governing ICPC in Missouri is found in Section 210.620, RSMo.

ICPC assures the protection of children crossing state lines and ensures they receive the same supports and services as if they remained in their own state. The Compact establishes orderly procedures for placements and outlines the responsibility of each state.

ICPC applies when children are to be placed in the following settings:

- Interstate adoptive placements;
- Interstate placement for care into relative/kinship placements, foster homes, group homes, and/or residential treatment;
- Interstate placement with parents and relatives when there is court jurisdiction; or
- Interstate placement of adjudicated delinquents *only* when placement is sought for residential treatment.

Membership in the Interstate Compact on Adoption and Medical Assistance (ICAMA), Sections 453.500-453.503 RSMo, requires states to provide Medicaid coverage through Title XIX to eligible children with an adoption subsidy agreement, when that child's family moves between member states. Currently, all states except for Wyoming are members of ICAMA. The territories of Puerto Rico and the Virgin Islands are also non members.

The Compact Administrator (Division Director) and Deputy Compact Administrator (ICAMA Coordinator) are designated in each member state and approved by the national ICAMA Office. The ICAMA Coordinator works with other states' coordinators to complete and forward required paperwork so Medicaid eligibility can be established in the adoptive family's current residence state.

Progress Since Round One:

In September 2008, a PowerPoint presentation was developed and posted on the intranet for staff as a guide through the ICPC process. At the same time, an online training video was created and now used in basic training.

In October 2008, a memo, [CD08-90](#), provides a step by step screen shot of the FACES system with instructions for making online referrals.

In September 2009, a memo, [CD09-107](#), provides clarification on policy as well as instructions for making an online referral in FACES system.

Measure of Effectiveness:

Table 20 provides the total number of referrals Missouri has processed. There is an increase from 2008 to 2009, however, only a few increase when comparing 2007 to 2009.

Table 20: ICPC Reporting System, Total ICP Referrals

	2007	2008	2009
Referrals from Missouri Staff	933	876	814
Referrals from Out-of-State	958	1001	1089
Total Referrals	1891	1877	1903

The two tables below provide snapshot of referrals in need of placement decision bout in-state and out-of-state and illustrates the safe and timely compliance. Data interpretations are following the tables.

Table 21: ICPC Reporting System, Timeframes for referrals requiring a placement decision from other states for 2007-2009

Placement Type 2007	Totals	0 days	1-30 days	31-60 days	61-90 days	Over 90 days
Adoption-Private Agency	37	5	32	0	0	0
Adoption-Public Agency	28		8	4	3	13
Adoption-Public Agency (Relative)	27	0	1	7	4	15
Adoption by Relative	1	0	0	1	0	0
Foster Care	30	1	5	6	7	11
Parent Placement	132	1	14	42	26	49
Relative Placement	139	0	15	50	24	50
Relative Foster Care	71	0	2	20	12	37
Total	465	7	77	130	76	175
Placement Type 2008	Totals	0 days	1-30 days	31-60 days	61-90 days	Over 90 days
Adoption-Private Agency	49	1	48	0	0	0
Adoption-Public Agency	22	0	5	2	4	11
Adoption-Public Agency (Relative)	15	1	0	0	1	13
Foster Care	26	0	5	5	3	13
Parent Placement	124	1	16	38	27	42
Relative Placement	101	2	7	30	26	36
Relative Foster Care	84	1	10	12	20	41
Total	421	6	91	87	81	156
Placement Type 2009	Totals	0 days	1-30 days	31-60 days	61-90 days	Over 90 days
Adoption-Private Agency	40	2	38	0	0	0
Adoption-Public Agency	27	0	6	6	6	9
Adoption-Public Agency (Relative)	25	0	1	2	6	16
Foster Care	25	0	2	6	2	15

Parent Placement	146	0	15	55	35	41
Relative Placement	85	0	19	30	18	18
Relative Foster Care	111	1	12	14	26	58
Total	459	3	93	113	93	157

Table 22: ICPC Reporting System, Timeframes for referrals requiring a placement decision to other states for 2007-2009

Placement Type 2007	Totals	0 days	1-30 days	31-60 days	61-90 days	Over 90 days
Adoption-Private Agency	69	64	4	1	0	0
Adoption-Public Agency	21	1	6	3	2	9
Adoption-Public Agency (Relative)	39	0	4	9	9	17
Adoption by Relative						
Foster Care	21	0	3	7	4	7
Parent Placement	189	2	8	58	60	61
Relative Placement	157	1	12	41	52	51
Relative Foster Care	77	0	4	11	26	36
Total	573	68	41	130	153	181
Placement Type 2008	Totals	0 days	1-30 days	31-60 days	61-90 days	Over 90 days
Adoption-Private Agency	79	77	2	0	0	0
Adoption-Public Agency	21	3	6	3	4	5
Adoption-Public Agency (Relative)	59	2	5	8	12	32
Foster Care	30	1	3	5	11	10
Parent Placement	172	0	12	46	57	57
Relative Placement	152	0	12	37	49	54
Relative Foster Care	81	0	6	19	24	32
Total	594	83	46	118	157	190
Placement Type 2009	Totals	0 days	1-30 days	31-60 days	61-90 days	Over 90 days
Adoption-Private Agency	84	82	2	0	0	0
Adoption-Public Agency	33	4	2	5	13	9
Adoption-Public Agency (Relative)	64	0	3	12	15	34
Foster Care	27	1	1	7	9	9
Parent Placement	187	2	15	40	68	62
Relative Placement	180	1	20	54	54	53
Relative Foster Care	86	1	11	15	20	39
Total	661	91	54	133	179	206
Totals						
Years	Totals	0 days	1-30 days	31-60 days	61-90 days	Over 90 days
2007	1038	75	118	260	229	356
2008	1015	89	137	205	238	346
2009	1120	94	147	246	272	363

Total	3173	258	402	711	739	1065
		(0-30 days)	21%	22%	23%	34%

As the Table 20 shows, there over a hundred referral increase from 2008 to 2009, with over one-third taking over 90 days to make a decision for placement. Sixty six percent are completed within a 90 day timeframe. Missouri has 36% of referrals over the 90 day timeframe for reaching a decision. The ICPC has identified two trends which have attributed to this delayed timeframe. First, when home studies are requested, families do not understand the urgency of completing the ICPC process per the safe and timely compliance rules. Many families' decisions are often delayed due to lack of follow through on requests such as fingerprinting, medical exams or references. The worker receives an alert at the 45 day mark and contact families. Some families take longer than others to complete and follow through with requirements of placements. Staff are making efforts to stress the importance of follow through with families which provides an understanding of policy requirements.

In addition, sometimes the FBI turnaround time for criminal background results are delayed, hence slowing the decision process.

Strengths:

Through FACES, the online referral process is possible for real time results.

Staff record visit dates and information on reports sent to other states regarding children placed in Missouri. This serves two purposes, first, is allowing the ICPC to insure we are meeting policy and second, to provide the sending state detailed information as to the manner we are serving this child.

Section V – Missouri’s Assessment of Strengths and Needs

Summary of Strengths and Areas Needing Improvement

Safety Outcome 1: Children are, first and foremost protected from abuse and neglect.

Safety Outcome I has improved since the CFSR round one. The data profile indicates Missouri is exceeding the national benchmark for both safety data indicators. In addition, the data profile shows a significant decrease in the response time from 58.5 hours in 2007 to 25.76 hours in 2009. Contributing factors include Missouri’s Child Abuse and Neglect Hotline Unit has an effective screening and assignment protocol facilitating timely assignment to Investigative staff as well as the use, when appropriate, of multi-disciplinary team members for safety assurances of children. Additional Division strategies that have contributed to this area of strength include supervisory case reviews, policy clarifications and the Division’s ability to maintain caseload standards for the past three years.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Safety Outcome 2 includes areas of strength as well as areas requiring improvement. A strength for the Division is the full utilization of Intensive In-Home (IIS) Services to prevent removals; each family who has a child at risk of coming into care is referred for IIS intervention. IIS data concludes 85% of participating families remain intact at the end of the intervention.

Areas of mixed strength and challenge for Missouri include a process for a formal risk and safety assessment (developed based on structured decision making) which staff complete about 70% of the time per the CFSR mock six site review; however, the supervisory case review outcomes have seen an increase from 70% in 2006 to a current outcome of 93% completion rate. Although the frequency of worker visits with foster children has improved greatly since 2007, assuring the visits are quality with adequate risk and safety assessments completed during the visit is a challenge, including adequate documentation.

Permanency Outcome I: Children have permanency and stability in their living situations.

Permanency Outcome I includes areas of strength and areas requiring improvement. Based on the statewide data profile, Missouri has exceeded two of the four CFSR national standards, Permanency Composite 2: Timeliness of Adoptions and Permanency Composite 4: Placement Stability.

Missouri exceeds the national benchmark for placement stability which is an area of strength. Statute and policy are in place, and heightened focus has been given to being planful when moving children, putting additional supports in place for the foster parent to prevent placement disruption, using the support team to make good placement decisions when the placement cannot be maintained, and supporting foster parents throughout the entirety of the child’s placement. Improved frequency of worker visits with children and the provider also positively impact this outcome.

The re-entry rate is an area requiring further exploration as internal data does not match the data profile (AFCARS). Internal FACES data shows positive growth for several years while the mock six site review outcomes are moderately positive.

The Fostering Court Improvement project is a key data-driven collaboration practice occurring in select jurisdictions across the state addressing timely permanency with some success. In addition to Fostering Court Improvement sites, most Division circuits have a strong working relationship with court staff. The courts monitor timely hearings, which show an exceptionally high outcome, currently at 98% for timeliness.

Missouri's most frequently assigned permanency goal is reunification which is expected. Per the outcome of the CFSR mock six site reviews for timeliness and appropriateness of goals, Missouri scored 68% which indicates this is an area which requires improvement. However, the Division does have a high percentage of children placed with relatives in addition to a subsidized guardianship program, which are strengths. The Division regularly monitors the frequency of the use of APPLA, including the ages of children having APPLA as a case goal and requires field managers to review cases routinely to assure APPLA is the most appropriate goal.

In scoring Items 8, 9 and 10, Missouri's outcomes are between 74% to 88%. These items contain many elements such as independent living skills and ASFA requirements. Older youth activities and documentation are an area needing increased attention, as a recent case review of older youth records found 47% of cases reviewed contained the Life Skills/Strengths/Needs form, and only 44% of records contained a day to day service plan.

A common thread in all items is concurrent planning. A challenge exists in assuring workers are not waiting to begin concurrent planning activities until the primary plan fails. In sum, there are elements needing further focus for children with reunification, guardianship, relative placement, adoption and APPLA goals.

Permanency Outcome II: The continuity of family relationships and connections is preserved for children.

Permanency II includes areas of strength and areas requiring improvement. Missouri does well in keeping siblings together and finding placements for children in close proximity of their home communities. However, often diligent searches are completed initially but not on an ongoing basis. This (lack of) search effort impacts the identifying relative item and preserving connections. Although, extreme recruitment is occurring in some areas to curtail this issue and assure foster children have permanent lasting connections.

Well-Being I: Families have enhanced capacity to provide for their children's needs.

Well-Being I is an area requiring improvements. The common theme affecting each of the items in this domain is the absence of a non-custodial parent, primarily fathers. An area needing continued attention is assuring the non-custodial parent is involved and engaged in the case plan, activities and having visits with the child and worker, or that diligent search efforts are being

continually made. While policy requires this practice, this is not closely monitored. If diligent search evidence is not recorded in the record or ongoing search efforts are lacking, case assessment, case planning and visits receive an area needing improvement score. Focus should be on strengthening documentation and increasing oversight. A fatherhood initiative is underway involving multiple agencies and private organizations to address this issue.

Foster parents are supported through a foster parent bill of rights and receive support from the Division through collaboration with existing foster parent/adoption associations, and consistent visits from workers.

The Division has made tremendous strides in improving frequency of worker visits with children, and the focus should now shift to improving the quality of the visit and documentation.

Well-Being II: Children receive appropriate services to meet their educational needs.

Well Being II is an area requiring improvement as SCRT outcomes are low in this area with 69% of the cases reviewed being rated as a strength. Since 2006, this item has seen growth with 66% in 2009 to 71% in 2009. Many accomplishments have been made through the legislature with the Foster Care Bill of Rights passing in 2009. This bill requires each school district to designate an educational liaison for foster children and minimize disruptions because the child is placed in foster care. The CFSR mock six site reviews found 88% of the cases a strength, however, many case files lack the necessary educational records.

Well-Being III: Children receive adequate services to meet their physical and mental health needs.

Well-Being III is an area of strength and an area requiring improvement. COA standards and Division policy requires an initial physical health screening be completed within 24 hours of the child coming into care, with an exception to allow 72 hours. Oftentimes, doctor appointments are not readily available and in most areas emergency room service is not available. Preventive dental services are becoming more available in Missouri through state and community programs.

Per the CFSR mock reviews and the SCRT outcomes, mental and behavioral health needs are areas of strength. The information system (FACES) now captures medical and behavioral assessment information which is reviewed at each Family Support Team meeting.

Statewide Information System

The Statewide Information System is an area of strength due to FACES being SACWIS compliant in capturing case management information, status of child, demographics, current location, and permanency goals for children in foster care. In addition, FACES can produce management reports. Conversion from the legacy system to FACES has not been without challenges. For workers, the shift from a database which strictly captured information to an electronic case management system has been a challenge. While FACES is SACWIS compliant, the system has kinks to be resolved. The Change Control Board was created to review

suggestions from policy writers and field staff to review and approve suggestions for system changes.

While some improvement has been made, areas continuing to need some improvement related to FACES are data integrity issues stemming from conversion and staff use of the system for thoroughly and expeditiously documenting case management activities. A mobility project was recently concluded allowing the use of laptops and network cards to provide flexibility for using the computer. Data has not yet been collected to know if the project was successful, but due to large geographical areas requiring staff to travel to the office, flexibility in access to FACES is an area of need.

Case Review System

The comprehensive case review system is a strength for the Division. Missouri has legislation supporting federal requirements such as case planning, notification of parents for court hearings and far exceeds the federal standard for the permanency planning review using the family support team approach. The family support team is a mechanism to review progress and a platform for case decision-making. The Division policy is strong and processes are in place to measure the effectiveness of policy requirements (see QA systems).

In addition, Missouri's Fostering Court Improvement Program has moved judges to now consider the timeliness of court hearings, delays in TPR actions and adoptions and how this affects children. This program brings child welfare awareness throughout the entire state by offering trainings, speaking engagements, and was instrumental in the development of the Juvenile Justice Information System (MOJJIS). In addition, at judicial colleges held twice a year, there is at least one workshop offered pertaining to child welfare. All these activities bring awareness and focus about children in foster care.

Quality Assurance System

The Quality Assurance (QA) System was found to be a strength during round one, and QA continues to be a strength for Missouri. Since round one, the QA program has evolved into two central units; Quality Assurance and Quality Improvement (QI). The two go hand in hand; while the function of QA is to monitor and assess performance, QI picks up and addresses those areas found needing attention. QA and QI staff are embedded throughout the state. The teams serve to evaluate the quality of services, identify strength and needs of the service delivery system, provide relevant reports and evaluate improvement measures implemented *on a regional and local level*, while central office QA and QI oversee statewide initiatives.

Contracted Case Management agencies have QA designees who equally assure QA practices are occurring, and who collaborate with the Division Specialists during routine as well as structured activities. Contracted agency QA staff attend Division QA meetings, and Division QA and QI specialists attend quarterly private agency CQI meetings.

The CQI process is well established statewide, all staff participate, has leadership support and uses data from various sources including case reviews for improvement efforts.

Two QA summits were held where the multi-agency QA and QI staff gathered to review QA related practices, learn from each other, and strategize about improvements in the process. Many changes have resulted from the two summits, including the creation and implantation of a new “Plan of Change” form to be used for Quality Improvement activities with staff, a workgroup representative of each agency to discuss feasibility and modification of consumer surveys, and improved collaboration and communication.

A continued challenge is timely and accurate documentation.

Staff and Provider Training

Staff and provider training is an area of strength for the Division. Missouri offers comprehensive initial core training with additional supports for on-the-job training. In addition, there are required trainings which must be attended by all employees such as Civil Rights and Diversity, Code of Ethics, CQI and Personnel Health and Safety Training. Required in-service training for workers and supervisors are specific to their program area and could include: Legal Aspects for Investigators, Child Abuse and Neglect, Foster Care (FCOOHC) etc. One area of need is further exploration for measuring effectiveness. There are some measurement elements in place such as training surveys; however more information is needed to capture the entire picture for training effectiveness.

Service Array and Resource Development

Service Array is an area requiring improvement. There is a need to capture more data so a clear defined area of need can be ascertained. In round one, transportation was identified as a need, however, the Division now has several contracts which included transportation clauses as well as a stand-alone contract for transportation. However, through this assessment process, transportation was still cited as a gap. Partnering with the 2-1-1 United Way organization to use the information gathered through their call management system and data base should provide insight in the community needs. Much strategic planning is needed.

Agency Responsiveness to Community

Agency Responsiveness to Community is an area of strength. Missouri has seen the results of what partnerships can do for the children and families served. There are great collaborations in many areas to improve the well being of foster children, especially older youth. Advisory Boards function holistically as many disciplines are brought to the table. The opportunity for partners to make suggestions and recommendations are available through a variety of venues such as, State Youth Advisory Board, State Foster Care Advisory Board, Child Fatality Review Board and the CFSR Advisory Board.

In addition to state level responsiveness to community, the local levels bring contractors and community members to the table to complete a local assessment and a program improvement plan. Missouri values the diverse perspective when stakeholders are brought to the table.

In contrast to inviting stakeholders to assist in child welfare matters, the Division encourages staff to participate in other organizational committees as often needs overlap with other organization areas of focus.

Foster and Adoptive Home Licensing, Approval and Recruitment

Foster and Adoptive Home Licensing, Approval and Recruitment are areas of strength. Missouri has strong solid rules and policy for entities caring for children in foster care. These policies are perpetually being updated and revised to insure the children have the best care.

In residential treatment centers, visits are made to the facilities to inspect contractual compliance on a regular basis.

The State's Experience with the Statewide Assessment and Instrument Process

The Statewide Assessment process provided a valuable opportunity to compile the activities and changes Missouri has incorporated since the first CFSR, and appreciate the success in most areas.

The support and cooperation provided by DHHS with regard to data profiles, and the re-producing of data profiles following AFCARS re-submissions is very much appreciated. In addition, the provision of the numerators and denominators for the composite help Missouri understand where there might be issues needing further exploration. This was especially helpful since Missouri is in the development stages of a digital dashboard, therefore currently not able to generate composite information internally.

Missouri is pleased with the degree of collaboration from our state's stakeholders. Without their continued support, both at the state and local levels, Missouri would not be able to make as much progress as we have since our first Child and Family Services Review. Using the various mechanisms of focus groups, surveys, roundtable discussions and partnering with already established collaborative groups has made the gathering of information for the statewide assessment much richer.

Site 1: St. Louis County

Demographics

St. Louis County is the largest metropolitan area in Missouri. The 2008 population estimate for St. Louis County, Missouri is 991,830. The population density is 2,000.6 persons per square mile, 2000, with 403,705 households. The racial makeup of the county was 73.4% White; 21.8% Black; 03.1% Asian; 2.3% Hispanic or Latino; 0.3% Native American; 0.1% Native Hawaiian and other Pacific Islander; and 1.3% reporting two or more races. The breakdown of children in foster care is 27% white, 72% black, 0.1% Native American, 0.1% Asian and 0.4% multiracial. One of the circuit's challenges is that the racial demographic of its foster care population does not match the demographic of the general population.

For St. Louis County the mean household income was \$82, 388 and median household income was \$57,528. The mean family income for a household is \$100,752, the median family income is \$74,875, and the per capita family income is \$33,850. The income of 9.1% of the population was below the poverty line.

Performance Considerations:

Reunification:

On Children exiting foster care to reunification within 12 months, St. Louis County's overall performance slightly improved in SFY 09 at 70.95% from 68.23% in SFY 08; however, during the last two state fiscal years it fell consistently below the 76.2% goal in all but the last quarter, when it exceeded it at 77.27%.

The following circuit challenges have contributed to St. Louis County's performance:

- Untimely permanency planning review team meetings. An analysis of LS1 data for St. Louis County indicates PPRT meetings are not held regularly with active participation and collaboration among the team. Meeting timeliness as of 12-31-09 is 77% for St. Louis County, an improvement from 74% in Sept-09.
- Case assessments and re-assessments activities not being routinely completed and/or documented in the case file. In a June 2009 alternative care case review, initial case assessments (CD-14's) were completed for 73% of the cases reviewed, reassessments were completed every 90 days (CD-14a's) for 38%, and current written service agreements were filed in 65%. Family Court ordered service plans and court ordered services may drive case manager activities. Progress and services are generally documented in letters written to the court by CD workers.
- The average number of Months in Current LS1 Spell for older youth (ages 13+) in St. Louis County is 45.89, while it is 12.06 for children ages 0-5 and 15.57 for children ages 6-12. Forty-six percent of children in LS1 in St. Louis County are ages 13+ (Data source – Program and Evaluation Unit: 12-31-09 LS1 List).

Adoption:

On Children exiting foster care to adoption within 24 months, St. Louis County's overall performance declined in SFY 09 at 35.21% from 44% in SFY 08; however, performance

exceeded the federal goal of 32%. The circuit's result on Exits to Adoption, median length of stay is 23.5 months, exceeding the goal of 27.3.

The following circuit strengths have contributed to St. Louis County's success:

- St. Louis County Family Court having a DJO and paralegal adoption/TPR/ guardianship specialists who are knowledgeable of the statute and process which promotes timeliness.
- The Court setting adoption review hearings at the point of TPR to ensure progress is being made toward permanency.
- Circuit having specialized adoption staff who understand the intricacies of the adoption process, and who is familiar with and can focus on recruitment if there is not already an identified resource.
- Majority of the children referred to a specialized adoption unit having an identified adoptive resource at the time of referral. Most often this is the alternative care provider who has been providing ongoing care. When this is the case, the adoptive family is not required to wait an additional six months to finalize the adoption and the adjustment is usually smoother for both the child and family.
- Division of Legal Services reviewing Termination of Parental Right referrals and filing some of the petitions, enabling them to move forward more timely.

Placement Stability

On children in foster care experiencing 2 or fewer placements, St. Louis County's performance on this goal has fallen short of the goal (currently 86.7%), for the past three state fiscal years. Circuit performance, however, improved in SFY 09 at 76.92% from 73.32% in SFY 08.

The following circuit challenges have contributed to St. Louis County's performance:

- Children entering foster care after hours experiencing at least one placement in an emergency home or facility for the evening or weekend before being placed in a non-emergency setting. St Louis County's practice/protocol has unintentionally fostered this outcome, and strategies are being developed to address it.
- Shortage of foster homes for older youth (ages 13+). This age group makes up 46% of all children in foster care in St. Louis County. Some foster home recruitment activities in St. Louis County specifically target older youth and sibling groups. Currently, 35% of older youth are placed in foster homes and 13% in kinship/relative homes (as of 12-31-09).
- St. Louis County Juvenile Court process can be barrier to making kin or relative placements first placements for children entering care. Following a meeting with the Juvenile Officer at the court, relatives are typically required to sign conditions prior to the initial placement. Their ability to attend this meeting at court can also be a hardship for some families based on transportation or employment. A Collaboration Workgroup involving Family Court, Children's Division and private agencies is active and making recommendations regarding expeditious safe placements with relatives and kin.

Timeliness of initial response

When looking at St. Louis County's timeliness of initial response for investigations for the past three years, the percentage is increasing each year which is trending in a positive direction. For 2007, 70.98% made initial contact within 24 hours, for 2008, 79.48% and for 2009, 83.59%.

The following circuit challenges have contributed to St. Louis County's performance:

- High staff turnover in CA/N unit, resulting in staff shortages
- Difficulties locating child(ren)
- Accurate data entry concerning initial contact
- Increase in the number of CA/N's reported. From CY 2008 to 2009, the monthly average has increased from 364 to 378.

Worker Visits with Children in Foster Care

For the past six months, St. Louis County's workers have met with children in foster care an average of 80.7% of the time.

The following circuit challenges have contributed to St. Louis County's performance:

- Staff turnover and shortages and increasing size of caseloads
- Entering worker visits data into FACES accurately and in timely manner
- Child/family's availability
- The number of worker visits and required case activity based on caseload sizes
- Extended time CD retains legal custody post reunification

Site 2: Greene County

Demographics

Greene County is located in the southwestern portion of Missouri and its county seat is Springfield. As of the census of 2000, there were 240,391 people living in the county. The population density is 356 people per square mile. There were 104,517 housing units. The racial makeup of the county was 93.54% White; 2.26% Black; 0.66% Native American; 1.13% Asian; 0.06% Pacific Islander; .67% from other races, and 1.68% from two or more races.

There were 97,859 households out of which 28.30% had a child under the age of 18 living with them. The average household size was 2.34 and the average family size was 2.89.

The median income for a household in the county was \$34,157, and the median income for a family was \$42,613. The per capita income was \$19,185. 12.10% of the population was below the poverty line. Of the 12.10%, 13.60% are under age 18 and 7.50% are age 65 or over.

Performance Considerations:

Reunification:

On Children exiting foster care to reunification within 12 months, Greene County's overall performance improved in SFY 09 at 58.65% from 48.25% in SFY 08; however, during the last two state fiscal years it fell consistently below the 76.2% goal.

The following circuit strengths have contributed to Greene County's performance:

- Greene County participates in a Fostering Court Improvement workgroup entitled, "Facilitating Successful Reunification". This workgroup's focus is on improving timely reunification outcomes. An initiative entitled, "Road to Reunification" was created. Parents of children entering foster care are invited to attend a meeting within the first 30

days of the case opening. In this meeting, they learn about their rights and responsibilities, the court process, and team members' roles. They also have the opportunity to ask questions and seek clarification about the process.

- The “Case Planning Workgroup”, also stemming from Fostering Court Improvement, was developed to restructure the way that treatment plans and written service agreements are composed. The new model promotes increased individualization to better meet the specific needs of each family. Supervisors and staff are currently being trained and this model will be utilized beginning May 1, 2010.
- In February 2010, FACES reflected 83% of all LS1 children in Greene County have had a current permanency planning review team meeting. Management has increased their focus ensuring permanency planning review team meetings are being held timely. A Plan of Change was developed in January, 2010 to capture which PPRT meetings are due. Supervisors review this information with staff to ensure compliance

Adoption:

On children exiting foster care to adoption within 24 months, Greene's County's overall performance has declined since 2007 and did not meet the federal goal of 32%. The percentage for 2007 was 29.03%; 2008 was 26.32%; was 20.00% in 2009.

The following circuit challenges have contributed to Greene County's performance:

- Greene County has seen an increase placement with relatives from 20.7% in 2008 to 23.05% in 2009. In addition, the number of children exiting to Guardianship has increased from 7.45% in 2008 to 11.51% in 2009. As a result of the increased exits to Guardianship, exits to Adoption have decreased.
- In 2009, children between the ages of 0 and 5 years accounted for 28.95% of all children exiting custody to adoption within 24 months. For ages 13 and above, that number fell to 12.5%. Greene County is working to increase the number of foster homes available as well as the number of foster parents that are properly trained and willing to accept older youth. There has been increased focus on recruitment and retention of appropriate resource homes over the past two years.
- It has been challenging to find appropriate homes for children with elevated needs. Greene County has an Adoption Liaison who focuses on recruiting adoptive homes, assists in locating adoptive resources for children, and works with alternative care staff to ensure a smooth and timely transition from the case goal of reunification to that of adoption. The liaison facilitates a monthly Focused Recruitment meeting to discuss and brainstorm ideas for identifying adoptive placements for children who have no adoptive resources available to them. Each meeting focuses on one child or sibling group at a time.

Placement Stability

On children in foster care experiencing 2 or fewer placements, Greene's performance on this goal has fallen short of the goal (currently 86.7%), for the past three state fiscal years. Circuit performance, remained constant in SFY 09 at 80.47% from 80.90% in SFY 08.

The following circuit challenges have contributed to Greene County's performance:

- Due to a lack of foster homes in Greene County there are often limited placement options for children who are placed in emergency situations.
- Large sibling groups have presented a challenge.
- When taking into consideration all LS 1 children currently in the care of the Greene County Children's Division, they average 2.2 placement moves. This includes those with elevated needs. When considering only those children with elevated needs, they average 3.27 placement moves.

Timeliness of initial response

When looking at Greene County's timeliness of initial response for investigations for the past three years, the percentage is increasing each year which is trending in a positive direction. For 2007, 72.79% made initial contact within 24 hours, for 2008, 80.53% and for 2009, 82.13%.

The following circuit strengths have contributed to Greene County's performance:

- In 2007, Greene County added an entire unit of investigative workers.
- Workers are now required to record their initial contact in FACES immediately in order to ensure that safety was assured in a timely manner. All attempts are recorded and supervisors review those contacts when they receive the Safety Assessment for their approval. As a result, supervisors are able to closely monitor the timeliness of worker's initial response in each case.

Worker Visits with Children in Foster Care

For the past six months, Greene County's workers have met with children in foster care an average of 87.8% of the time.

The following circuit strengths have contributed to Greene County's performance:

- In Greene County, supervisors are checking FACES monthly to ensure that visits are being completed and entered timely and correctly. A Worker Visit report was developed and is generated in FACES monthly. Supervisors utilize this report to monitor worker's performance.
- Although the federal requirement for worker visits with children is one per month, and state policy has been changed to mirror that requirement, Greene County maintains the expectation that workers will continue to see children twice per month.

Other Considerations:

- Consistency in Circuit Manager's position. This position has been filled with the same person since 2007.
- Management and Leadership team meetings are being held twice each month which has contributed to improve communication.
- Greene County holds on-going case reviews for COA maintenance.
- Greene County has established a Program Improvement Plan to continually monitored strategically planned activities.
- The Quality Assurance and Quality Improvement Specialists working in the Southwest region are accessible and support circuit's needs.

Site 3: 35th Circuit

Demographics

As of the census of 2000, there were 63,000 people living in the Dunklin and Stoddard counties. The population density is 60.8 people per square mile for Dunklin and 35.9 people per square mile for Stoddard. There are 25,461 households. The racial makeup of the counties is 91.8% White; 5.15% Black; 0.3% Native American; 0.0% Asian; and 1.00% from two or more races.

The average family income for a household in the Dunklin County was \$38,139, and per capita income was \$13,561. 19.4% of the population is below the poverty line. The average family income for Stoddard County is \$41,462, and per capita income is \$14,656. 12.8% of the population is below the poverty line. Only 38% of the residents have a high school diploma.

The median length of stay in foster care is one of the lowest in the state at 7.75 months. 53% of the children in the care and custody of the state are in a relative or kinship home, while only 9% of the children are in a residential setting, one of the lowest percentages in the state.

While plenty of services exist, there are waiting lists for counseling and psychiatrists. In addition, only limited transportation services are available. Good community relationships exist with exceptionally strong relationships built amongst their treatment team, i.e. juvenile office, judge, and drug court personnel. The 35th Circuit is also a Fostering Court Improvement site. All systems are engaged in the child welfare process.

Performance Considerations:

Reunification:

On Children exiting foster care to reunification within 12 months, the 35th Circuit's overall performance has made steady improvements since 2007 with 85.96%, in 2008, 86.41% and 87.16% in 2009 well exceeding the 76.2% goal.

The following circuit strengths have contributed to 35th Circuit's performance:

- The 35th Circuit contributes these improvements to the collaboration and communication between the team members in an effort to monitor the progress of the families and children we serve. The continued effort provides for better sharing of information and reporting to the courts; allowing for families not to fall through the cracks.
- The 35th Circuit Children's Division has received numerous outside trainings to better help them to understand families and their strengths and needs. The Children's Division is specialized, which allows for workers to become 'experts' in their field.

Adoption:

On children exiting foster care to adoption within 24 months, the 35th Circuit's overall performance has increased since 2007 and exceeded the federal goal of 32%. The percentage for 2007 was 28.57%; 2008 was 52.94%; was 53.85% in 2009.

The following circuit strengths have contributed to 35th Circuit's performance:

- The 35th Circuit contributes these improvements to the collaboration and communication between the team members in an effort to monitor the status of the children in foster care. The continued effort provides for better sharing of information and reporting to the courts; allowing for children to find permanency more quickly.
- The 35th Circuit has a resource unit who focus only on recruiting foster and adoptive families. This unit assists workers with finding appropriate, permanent homes for the children who are free for adoption. This joint effort assists in finding permanent homes in a more timely manner, that are more likely to be ‘forever homes’.

Placement Stability

On children in foster care experiencing 2 or fewer placements for children in care 0-12 months, the 35th Circuit’s performance on this goal has slightly fallen short of the goal (currently 86.7%), for the past three state fiscal years. Circuit performance, remained fairly constant from SFY 09 at 86.07% to 84.85% in SFY 08.

Timeliness of initial response

When looking at 35th Circuit’s timeliness of initial response for investigations for the past three years, the percentage is increasing each year which is trending in a positive direction.

The following circuit strengths have contributed to the 35th Circuit’s performance:

- The investigative unit in the 35th Circuit treats every report as an investigation, believing that many of the referrals and assessments that are received could be as serious. The investigators attempt to initiate a report as soon as it is alerted to the local office, knowing that every minute counts on these reports.

Worker Visits with Children in Foster Care

For the past six months, 35th Circuit’s workers have met with children in foster care an average of 94.5% of the time.

The following circuit strengths have contributed to the 35th Circuit’s performance:

- The 35th Circuit uses a team approach when it comes to worker/child visits; workers will share and rotate visits each month in shared foster homes. There is a team atmosphere in this circuit, workers help each other in all areas of their responsibilities to ensure all children are safe.
- The 35th Circuit supervisors and workers discuss the visits with foster children at each supervisory conference; ensuring each is made and issues have been addressed with each child.
- The Circuit Manager of the 35th Circuit reviews the worker visit data each month, meeting with staff and establishing plans for anyone who was unable to meet the required visits each month.

Names, Affiliations and Roles of ParticipantsAdministrative leadership and oversight of the statewide assessment process:

Paula Neese Division Director	Susan Savage Deputy Director
Meliny Staysa QA Manager	Becky Porter Management Analysis Specialist

Data and Statistical Assistance:

Lesley M. Pettit Research Analyst	Kim McKane Research Analyst
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Foster Care / Child Abuse and Neglect Program Data and Information:

Melody Yancey Deputy Director	Dena Driver Foster Care / Child Abuse Manager
Christy Collins Program Development Specialist	Scott Montgomery Program Development Specialist
Melody Barker Program Development Specialist	Sally Gaines Older Youth Specialist
Elizabeth Tattershall Program Development Specialist	John Steinmeyer Program Development Specialist

FCS / Adoption Program Data and Information:

Amy Martin Adoption / FCS Manager	Emily Montgomery Program Development Specialist
Crystal Wilson Program Development Specialist	Randy McDermit Program Development Specialist

Case Review System Collaborators:

Julie Baker, Missouri CASA
 Michael Davis, 35th Circuit Chief Juvenile Officer
 Ken Simmons, 21st Circuit Chief Juvenile Officer
 Julie Starr, QI Specialist
 Christine Detienne, QA Specialist
 Jeanne Gordon, Legal Issues Training Coordinator
 Andrea Cleeton, FCI Coordinator

Older Youth Focus Group:

Female Youth

Randa W.	Brooke W.	Shalena G.
Lisa H.	Alisha F.	Summer R.
Sherri C.	Savina G.	Trishanna R.
Ralanda J.	Desiree R.	Taylor J.
Kim V.	Krystal C.	Ashley M.
Devyn W.	Shalena G.	

Male Youth

DeAndre P.	Bennie W.	Gerald A.
James H.	Lu L.	Billy G.
Terrance C.	Jeff S.	

Training System Collaborators:

Jeff Adams, Training Manager
 Cindy Miller, Training Manager
 Linda Miller, QI Specialist
 Karen Womack, Adoption Supervisor, St. Louis County
 Cara Roberts, Supervisor, Douglas County
 Vickie Lawson, Trainer
 Jane Joslin, Trainer
 Lee Tennyson, Missouri Alliance Adoption Trainer
 Carrie Bolm, Missouri Alliance Quality Manager
 Tricia Phillips, Family Facets
 Larry McClure, Family Facets
 Sylvia Hernandez, Cornerstones of Care
 Susan Mayes, Alternative Opportunities

ICPC Unit:

Monica Sekscinski	Mary Kay Kliethermes
Child Placement Coordinator	Child Placement Coordinator
Amy Martin	Unit Manager

CFSR Advisory Committee

Keith Noble, Co-Chair, Alternative Opportunities
 Norma Rahm, Office of State Courts Administrator
 Beth Dessem, Missouri CASA
 Linda Bowers, Department of Mental Health
 Connie Cahalan, Department of Mental Health
 Bruce Jenkins, Miller County Public Health Administrator
 Cheyanne Ingram, Heart of America Indian Center
 Dale Fitch, University of Missouri, School of Social Work
 Debbie Word, Lincoln University, School of Social Work
 Ed Smith Thomas, Heart of America Indian Center
 Kirk Schreiber, Children's Trust Fund
 Nancy Blue, Heart of America Indian Center

Phyllis Hackman, Foster Parent

Sally Belt, Foster Parent

Ryan Dowis, Cornerstones of Care

Tom Schlimpert, Department of Elementary and Secondary Education

Savian G., Older Youth Representative

Teresa Hayner, Good Shepherd Child and Family Services

Damion Trasada, Department of Social Services, Legislature Liaison

Children's Division Acronyms

AAICPC	Association of Administrators of the Interstate Compact on the Placement of Children
AC	Alternative Care (Court wards placed out of their own home)
ACC	Area Career Center
ACLSA	Ansell-Casey Life Skills Assessment
ACRB	Alternative Care Review Board
ACSW	Academy of Certified Social Workers
ACTS	Alternative Care Tracking System,
AD	Adoptive Home
ADA	Alcohol and Drug Abuse (DMH)
ADD	Attention Deficit Disorder
ADHD	Attention Deficit – Hyperactivity Disorder
ADO	Adoption by Other
ADR	Adoption by Relative
AFCARS	Adoption and Foster Care Automated Reporting System
AHA	American Humane Association
AIDS	Acquired Immune Deficiency Syndrome
AODA	Alcohol and Other Drug Abuse
APHSA	American Public Human Services Association
APSR	Annual Progress and Services Report
ARC	AIDS Related Complex
ARC	Association for Retarded Citizens
ART	Aggression Replacement Training
ASFA	Adoption Safe Families Act
ATC	Adoption Tax Credit
BCSHCN	Bureau for Children with Special Health Care Needs
BD	Behavior Disorder
BFC	Youth With Elevated Needs-Level A Foster Care
BIA	Bureau of Indian Affairs
BIOC	Best Interest of the Child
BPD	Borderline Personality Disorder
BSHCN	Bureau of Special Health Care Needs
BSIU	Background Screening and Investigation Unit
CA/N	Child Abuse/Neglect
CANHU	Child Abuse/Neglect Hotline Unit
CANRB	Child Abuse or Neglect Review Board
CAPTA	Child Abuse Prevention and Treatment Act
CARF	Commission on Accreditation of Rehabilitation Facilities
CARS	Claims and Restitution
CASA	Court Appointed Special Advocate
CASSP	Child and Adolescent Service System Project
CD	Children's Division
CEO	Chief Executive Officer
CFCIP	Chafee Foster Care Independence Program
CFP	Youth With Elevated Needs-Level B Resource Provider
CFRP	Child Fatality Review Panel
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHAMPS	Children's Home Activity Meeting Program

CMO	Care Management Organization
CMU	Contract Management Unit
CNA	Certified Nurse's Assistant
COA	Council on Accreditation
COBRA	The Consolidated Budget Reconciliation Act of 1986
COURAGE	Changing Our Unacceptable Reasoning and Gratification Experiences Program
CP	Child Placing Agency
CPI	Crisis Prevention Intervention
CPR	Cardio Pulmonary Resuscitation
CPS	Children's Psychiatric Services
CPS	Child Protection Services
CPS	Child Protective Services
CPS	Comprehensive Psychiatric Services
CQI	Continuous Quality Improvement
CRC	Community Recruitment Committee
CRU	Central Registry Unit
CS	Children's Services
CSA	Community Service Aide
CSAC	Certified Substance Abuse Counselor
CSEU	Child Support Enforcement Unit
CSIPS	Children's Services Integrated Payment System (CS65)
CSO	Children's Services Organization
CSPI	Severity of Childhood Psychiatric Illness Scale
CSS	Children's Service Supervisor
CSSU	Children's Services Systems Unit
CSTAR	Comprehensive Substance Treatment and Rehabilitation Program
CT	Children's Treatment
CTRS	Certified Therapist Recreation Specialist
CTS	Children's Treatment Services
CWAC	Child Welfare Advisory Committee
CWI	Child Welfare Institute
CWLA	Child Welfare League of America
CWM	Child Welfare Manual
CWP	Child Welfare Practice
CYAC	Children of Youth in Alternative Care
DA	Division of Aging
DBF	Division of Budget and Finance
DC	Day Care (Child Care)
DD	Division of Developmental Disabilities
DCN	Departmental Client Number (Each Person's ID # with DSS)
DESE	Department of Elementary and Secondary Education
DJO	Deputy Juvenile Officer or Juvenile Officer
DLS	Division of Legal Services
DMH	Department of Mental Health
DMR-DD	Division of Mental Retardation and Developmental Disabilities
DOB	Date of Birth
DOHSS	Department of Health and Senior Services
DOHSS/BSHCN	Department of Health and Senior Services Bureau of Special Health Care Needs
DOI	Division of Insurance

DSS	Department of Social Services
DVN	Departmental Vendor Number
DYS	Division of Youth Services
EA	Energy Assistance
EAS	Emergency Assistance Services
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ETV	Educational Training Voucher
FA	Foster/Adoptive
FACES	Family and Children Electronic System
FAE	Fetal Alcohol Effects
FAS	Fetal Alcohol Syndrome
FC	Foster Care
FCC	Foster Care Coalition
FCOOHC	Family Centered Out-of-Home Care
FCS	Family Centered Services
FCSR	Family Care Safety Registry
FDS	Family Development Specialist
FEC	Full Employment Council
FFP	Federally Funded Program (Title XIX – State-Funded Maintenance)
FFRS	Family-Focused Residential Services
FH	Foster Home
FP	Foster Parent
FPI	Family Preservation Institute
FRS	Family Reunion Services
FS	Food Stamps
FSD	Family Support Division
FST	Family Support Team
FSTM	Family Support Team Meeting
FTH	Family Treatment Home
FTT	Failure to Thrive
GAL	Guardian ad Litem (Child in Foster Care’s Attorney)
GAP	Guiding Adolescence Performance
GED	General Education Development (Certificate)
GLOP	Generalized Labeling of People
GR	General Relief
HB	House Bill
HCY	Healthy Children, Youth
HDN	Homeless, Dependent, and Neglected
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HLD	High Level Design
HUD	United States Department of Housing and Urban Development
IAP	Individualized Action Plan
IC	Individualized Care
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICJ	Interstate Compact on Juveniles
ICMH	Interstate Compact on Mental Health
ICPC	Interstate Compact on the Placement of Children
ICRC	Infant Care Review Committee
ICWA	Indian Child Welfare Act
IEP	Individualized Educational Plan

IHP	Individualized Habilitation Plan
IINT	Individual Interpretation
IIS	Intensive In-Home Services (Formerly was Family Preservation)
ILA	Independent Living Arrangement
IMW	Income Maintenance Worker
INS	Bureau of Immigration and Naturalization
IOC	Inter Office Communication
ISL	Individualized Supported Living
JAD	Joint Application Design
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
JCFC	Juvenile Court/Family Court
JKM	Safe Physical Management Crisis Intervention (Also Known As SPM)
JKM	Safe Physical Management Crisis Intervention
JO	Juvenile Officer
JTPA	Job Training Partnership Act
KIDS	Children's Income Distribution System
LAN	Local Area Network
LCSW	Licensed Clinical Social Worker (Missouri)
LD	Learning Disorder
LPC	Licensed Practical Counselor
LSCSW	Licensed Specialist Clinical Social Worker (Kansas)
MA	Medical Assistance
MAB	Management of Assaultive Behavior
MACF	Missouri Alliance for Children and Families
MAHBS	Missouri Association for Home Based Services
MANDT	MANDT Behavioral Management Training
MAR	Medication Administration Record
MASP	Missouri Adoption Subsidy Program
MAYSI	Massachusetts Adolescent Youth Screening Instrument
MCCA	Missouri Coalition of Children's Agencies
MCCA	Missouri Coalition of Children's Agencies
MCCA	Missouri Coalition of Children's Agencies
MCCS	Missouri Crippled Children's Services
MH	MO HealthNet
MHD	MO HealthNet Division
MIS	Management Information Systems
MM/DSP	Missouri Medical/Dental Services Program
MMP	Missouri Mentor Program
MRDD	Mental Retardation and Developmental Disabilities
MSBP	Munchausen Syndrome by Proxy
NACAC	North American Council on Adoptable Children
NCANDS	National Child Abuse and Neglect Data System
NFPN	National Family Preservation Network
OASDI	Old Age, Survivors, Disability Insurance
OHI	Out-of-Home Investigation Unit
ORR	Office of Refugee Resettlement
OSCA	Office of State Courts Administrators
OSHA	Occupational Safety and Health Administration
OTI	Out-of-Town Inquiry
OYP	Older Youth Program
OYTS	Older Youth Transition Specialist

PAS	Professional Activity Study
PBL	Project Based Learning
PDR	Practice Development Review
PDSU	Program Development Systems Unit
PEO	Public Education Officer
PPR	Permanency Planning Review
PPRT	Permanency Planning Review Team (Also PPT)
PPT	Permanency Planning Review Team (Also PPRT)
PRIDE	Parents Resource for Information Development and Education
PRN	Pro re nata (As the Situation Demands)
PS	Protective Services (Now Family-Centered Services)
PSA	Perinatal Substance Abuse
PSA	Public Service Announcement
PSI	Preventive Services Indicated
RCCA	Residential Child Care Agency
RCST	Residential Care Screening Team
REHAB-RT	Residential Facility Based Rehabilitative Treatment Services
RET	Rational Emotive Therapy
RFP	Request for Proposal
RHO	Relative Foster Home
RMTS	Random Moment Time Study
RPC	Refugee Program Coordinator
RPU	Residential Program Unit
RT	Residential Treatment
RTS	Residential Treatment Services
SACWIS	State Automated Child Welfare Information System
SACWIS	Statewide Automated Child Welfare Information System
SAFE/CARE	Sexual Abuse Forensic Examination/Child Abuse Resource Evaluation
SAM II	Statewide Advantage for Missouri II
SASSI-A2	Substance Abuse Subtle Screening Inventory
SB	Senate Bill
SBSW	School Based Service Worker
SDP	Skill Development Program
SEAS	Services Entry Authorization System (Payment CS67 and CS67a)
SED	Severely Emotionally Disturbed
SPM	Safe Physical Management Crisis Intervention (Also Known as JKM)
SSA	Social Security Administration
SSD	Special School District
SSI	Supplemental Security Income
SSN	Social Security Number
STARS	Specialized Training, Assessment and Resource Support/Skills
STAT	State Technical Assistance Team
STD	Sexually Transmitted Disease
SVH	School Violence Hotline
SYAB	State Youth Advisory Board
TA	Temporary Assistance
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TIER	Totally Integrated Electronic Recordkeeping
Title IV-E	Federal Funding for CS Programs
Title XIX	MO HealthNet Funding

TLA	Transitional Living Advocate
TLG	Transitional Living Group Home
TLP	Transitional Living Program
TLS	Transitional Living Scattered-Site Apartment
TPL	Third Party Insurance/Liability
TPR	Termination of Parental Rights
UPL	Under Poverty Level
USDA	United States Department of Agriculture
VA	Veteran's Assistance
VGAL	Voluntary Guardian ad Litem
VPA	Voluntary Placement Agreement
WAN	Wide Area Network
WIC	Women, Infants, and Children
WIU	Welfare Investigation Unit